



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RECEIVED  
RI DEPT OF STATE  
BUS SERVICES DIV

1. Entity ID Number <u>001746284</u>		2. Exact name of the Corporation <u>Above The Line RI</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Purpose - to create affordable apartment units for individuals in the workforce earning wages above the poverty line and up to 80% AMI (area median income).</u>	
4. NAICS Code <u>624229</u>			
6. Principal Office Address <u>37 Kenyon Rd., E</u>		City <u>Tiverton</u>	State <u>RI</u>
		Zip <u>02878</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Chad Gormly</u>		Vice-President Name <u>n/a</u>	
Street Address <u>37 Kenyon Rd.</u>		Street Address	
City <u>Tiverton</u>	State <u>RI</u>	City	State
Zip <u>02878</u>		Zip	
Secretary Name <u>Darlene Gormly</u>		Treasurer Name <u>Chad Gormly</u>	
Street Address <u>37 Kenyon Rd.</u>		Street Address <u>Chad Go 37 Kenyon Rd.</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Tiverton</u>	State <u>RI</u>
Zip <u>02878</u>		Zip <u>02878</u>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Chad Gormly</u>		Director Name <u>Old Erica Lee Collins</u>	
Street Address <u>37 Kenyon Rd.</u>		Street Address <u>27 Dwight St. Cranston, RI</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02878</u>		Zip <u>02919</u>	
Director Name <u>Richard Muto</u>		Director Name <u>n/a</u>	
Street Address <u>62 West Hill Drive</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02920</u>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Darlene Gormly, Secretary</u>			Date <u>7-16-2023</u>
Signature of Officer/Authorized Representative <u>Darlene Gormly</u>			<b>FILED</b> <b>JUL 20 2023</b> <b>BY YQSR4</b> <b>AR</b>

MAIL TO:  
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