



State of Rhode Island  
Department of State - Business Services Division

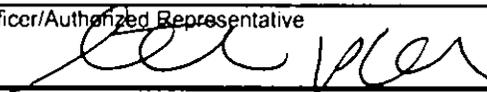
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R.I. DEPT. OF STATE  
BUS SVCS DIV

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.

2023 AUG 24 P 3:06

1. Entity ID Number <b>506696</b>		2. Exact name of the Corporation <b>SANDYWOODS HOMES, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church Community Housing Corporation</b>			
4. NAICS Code <b>624229</b>					
6. Principal Office Address <b>50 WASHINGTON SQUARE</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARJORIE E. JENSEN</b>			Vice-President Name <b>NONE</b>		
Street Address <b>425 SAMPAN AVENUE</b>			Street Address <b>NONE</b>		
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Secretary Name <b>ROBERT M. SABEL</b>			Treasurer Name <b>ROBERT M. SABEL</b>		
Street Address <b>50 WASHINGTON SQUARE</b>			Street Address <b>50 WASHINGTON SQUARE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
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 <b>SUSAN BODINGTON</b>			Director Name <b>ELIZABETH PHELPS</b>		
Street Address <b>50 WASHINGTON SQUARE</b>			Street Address <b>50 WASHINGTON SQUARE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>PATRICIA SARGENT</b>			Director Name <b>MARJORIE E. JENSEN</b>		
Street Address <b>50 WASHINGTON SQUARE</b>			Street Address <b>425 SAMPAN AVENUE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>STEPHEN P. OSTIGUY</b>				Date <b>8/10/2023</b>	
Signature of Officer/Authorized Representative 					

FILED

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