RI SOS Filing Number: 202446496610 Date: 2/15/2024 2:09:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

- 1. Corporate ID No. 000110538
- 2. Name of Corporation PROCAP HOUSING, INC.
- 3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

624120

4. Principal Office Address

No. and Street: 362 BROADWAY

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS S. HEMMENDINGER	362 BROADWAY PROVIDENCE, RI 02909 USA
DIRECTOR	JEFFREY DANA	225 CARPENTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	ALTHEA GRAVES	1 CUNNINGHAM SQUARE PROVIDENCE, RI 02908 USA
DIRECTOR	PAUL MACDONALD	514 COLWELL ROAD HARRISVILLE, RI 02830 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

THOMAS S. HEMMENDINGER 362 BROADWAY PROVIDENCE, RI 02909

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of February, 2024 at 2:14:02 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By <u>THOMAS S. HEMMENDINGER</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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