



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 12 2024

Annual Report for the year: 2024  
Non-Profit Corporation

BY

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>80132</b>		2. Exact name of the Corporation <b>House of COMPASSION INC.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To CARE for the homeless with disabilities IN A COMMUNITY setting</b>			
4. NAICS Code <b>624229</b>					
6. Principal Office Address <b>2510 Mendon Road</b>		City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</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>ERICK PRICE</b>			Vice-President Name		
Street Address <b>2510 Mendon Rd.</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>Shirley Babcock</b>			Treasurer Name <b>ERICK PRICE</b>		
Street Address <b>2510 Mendon Rd.</b>			Street Address <b>2510 Mendon Rd.</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</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>Joseph GARCIA</b>			Director Name <b>EDWARD BURNS</b>		
Street Address <b>2510 Mendon Rd.</b>			Street Address <b>240 SIMMONSVILLE AVE, ST FL</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>Michael Boucher</b>			Director Name		
Street Address <b>2510 Mendon Rd.</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Shirley Babcock, SECRETARY</b>					Date <b>3/6/2024</b>
Signature of Officer/Authorized Representative <b>Shirley Babcock.</b>					<b>3/6/2024</b>

MAIL TO:  
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