



State of Rhode Island
Department of State - Business Services Division

FILED

APR 09 2024

Annual Report for the year: 2024

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.

BY 010748
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1. Entity ID Number 90748	2. Exact name of the Corporation COVENTRY HOUSING ASSOCIATES, CORPORATION
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island TO PROVIDE SAFE, DECENT AND AFFORDABLE HOUSING THROUGH PROGRAMS
4. NAICS Code 624229-Other Community	

6. Principal Office Address 14 MANCHESTER CIRCLE	City COVENTRY	State RI	Zip 02816
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT I. ELDRED			Vice-President Name MAUREEN K. JENDZEJEC		
Street Address 562 PLAINFIELD PIKE			Street Address 26 ROBBINS DRIVE		
City GREENE	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name R. DAVID JERVIS			Treasurer Name MAUREEN K. JENDZEJEC		
Street Address 300 ABBOTTS CROSSING ROAD			Street Address 26 ROBBINS DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JANE DEPUTUAL			Director Name PHIL REYNOLDS		
Street Address 13C MANCHESTER CIRCLE			Street Address ONE REYNOLDS COURT		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name Robert I. Eldred			Director Name		
Street Address 562 Plainfield Pike			Street Address		
City Greene	State RI	Zip 02816	City	State	Zip

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

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 ROBERT I ELDRED	Date 03/28/24
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Signature of Officer/Authorized Representative
Robert I. Eldred

MAIL TO:
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Website: www.sos.ri.gov