



State of Rhode Island
Department of State - Business Services Division

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.

FILED

APR 23 2024

BY

1. Entity ID Number 000145412		2. Exact name of the Corporation Community Housing Land Trust of RI, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to promote relief to the poor, distressed and underprivileged residents of RI by creating and preserving decent, safe and affordable housing			
4. NAICS Code 624229- other community					
6. Principal Office Address 1070 Main Street			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Garlick Jr			Vice-President Name Christian Belden		
Street Address 719 Front Street			Street Address 50 Washington Square		
City Woonsocket	State RI	Zip 02895	City Newport	State RI	Zip 02840
Secretary Name Colin Penny			Treasurer Name		
Street Address 1555 Shannock Road			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
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 Steve Ostiguy			Director Name James Scaramozza		
Street Address 50 Washington Square			Street Address 185 Asylum Street		
City Newport	State RI	Zip 02840	City Hartford	State CT	Zip 06103
Director Name Annette Bourne			Director Name Tyler MacMillian		
Street Address One Empire Plaza			Street Address 861 Broad Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02907
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.					
<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 Melina Lodge				Date April 12, 2024	
Signature of Officer/Authorized Representative <i>Melina Lodge</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov