



State of Rhode Island  
Department of State - Business Services Division

**FILED**

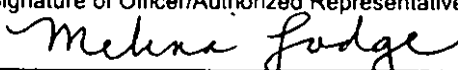
APR 23 2024

BY 

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.

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

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov