



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

Non-Profit Corporation

APR 23 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 11005

1. Entity ID Number 000068151		2. Exact name of the Corporation The Housing Network: The RI Assoc of NonProfit Housing Development			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to raise awareness and promote policies and programs that increase and preserve the supply of affordable housing for low and moderate income Rlers, and to promote community based economic development			
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 Colin Penney		
Street Address 719 Front Street			Street Address 1555 Shannock Road		
City Woonsocket	State RI	Zip 02895	City Charlestown	State RI	Zip 02813
Secretary Name Jennifer Hawkins			Treasurer Name Sharon Morris		
Street Address 66 Chaffee Street			Street Address 810 Eddy Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02905
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 Laura Jaworski			Director Name Christian Belden		
Street Address 3188 Post Road			Street Address 50 Washington Square		
City Warwick	State RI	Zip 02886	City Newport	State RI	Zip 02840
Director Name			Director Name Charlie Thomas-Davison		
Street Address			Street Address 861 Broad Street		
City	State	Zip	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.					
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 Melina Lodge				Date April 12, 2024	
Signature of Officer/Authorized Representative <i>Melina Lodge</i>					

MAIL TO:
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