



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001764641

2. Name of Corporation Intergenerational Housing Rhode Island

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624229

4. Principal Office Address

No. and Street: 63 RAWSON ROAD

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO STUDY, RESEARCH, DEVELOP, PURCHASE, LEASE, CONSTRUCT, REHABILITATE, RENOVATE, REPAIR, SELL, AND/OR RENT INTERGENERATIONAL HOUSING AND RELATED

SERVICES; TO MAKE OR RECEIVE GRANTS, FUNDING, LOANS FOR SUCH PURPOSES; TO

FACILITATE, SUPPORT, AND/OR TO ENTER INTO PARTNERSHIPS, JOINT VENTURES, AND CONTRACTS WITH GOVERNMENTAL, NONPROFIT, CHARITABLE, PUBLIC,

QUASI-PUBLIC, AND/OR PRIVATE ENTITIES FOR SUCH PURPOSES; AND TO DO ALL OR ANY OTHER THINGS PERMITTED TO AN ORGANIZATION EXEMPT UNDER SECTION 501 OF THE CODE AND SECTION 7-6 OF THE RHODE ISLAND GENERAL LAWS THAT IS NECESSARY OR DESIRABLE TO ACCOMPLISH ITS EXEMPT AND CHARITABLE PURPOSES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIMBERLY I MCCARTHY	63 RAWSON ROAD CUMBERLAND, RI 02864 USA
INCORPORATOR	KIMBERLY IRENE MCCARTHY	63 RAWSON ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	KIMBERLY IRENE MCCARTHY	63 RAWSON ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	KEVIN ROBERT KELLEY	63 RAWSON ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	OLIVIA DESIMONE	63 RAWSON ROAD CUMBERLAND, RI 02864 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KIMBERLY I. MCCARTHY, ESQ. 63 RAWSON ROAD CUMBERLAND , RI 02864

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of April, 2024 at 10:13:36 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KIMBERLY I MCCARTHY
Signature of Authorized Person

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