

State of Rhode Island  
Department of State - Business Services DivisionREC'D RIDOS BSD  
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## 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 000026697		2. Exact name of the Corporation HOUSING OPPORTUNITIES CORPORATION	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF HOUSING FOR LOW INCOME FAMILIES TITLE: 7-6	
4. NAICS Code 531311			
6. Principal Office Address 861A Broad Street		City Providence	State RI Zip 02907
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Frank T. Shea		Vice-President Name Vicky Walters	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Michelle Brophy		Treasurer Name Larry Kellam	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
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 Peter Lau		Director Name Maghnee Gomes	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name Frank T. Shea		Director Name	
Street Address 861A Broad Street		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
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>Frank T. Shea, President</b>			Date 4/17/2024
Signature of Officer/Authorized Representative  DocuSigned by:			

FILED

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

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