



**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. 001757194

2. Name of Corporation Sacred Heart 825 Housing Corporation

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

502000

4. Principal Office Address

No. and Street: 825 WAKEFIELD STREET

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

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

OWNERSHIP AND MAINTENANCE OF AFFORDABLE HOUSING.

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

INCORPORATOR	CAROLYN P. MEDINA ESQ.	15 CLIFF DRIVE BRISTOL, RI 02809 USA
DIRECTOR	KYLE GAUVIN	845 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	MARK BRUNERO	845 WAKEFIELD STREET WEST WARWICK , RI 02893 USA
DIRECTOR	GUISEPPE LANCELOTTA	845 WAKEFIELD STREET WEST WARWICK, RI 02893 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

THOMAS MASELLI 825 WAKEFIELD STREET WEST WARWICK , RI 02893

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

Signed this 30 Day of April, 2024 at 1:24:31 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 THOMAS D. MASELLI
Signature of Authorized Person

Form No. 631
Revised 09/07

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