



State of Rhode Island
Department of State - Business Services Division

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.

STAMP
MAY 06 2024
7324

1. Entity ID Number 93614		2. Exact name of the Corporation Jenks Mill Housing Corp.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Exclusively for Charitable and / or Educational purpose.			
4. NAICS Code 624229					
6. Principal Office Address 1029 Mendon Road			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Gagne			Vice-President Name Joanne Buttie		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Edward Mulholland			Treasurer Name Dan Ouellette		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Edward Mulholland			Director Name Lisa Audette		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name John MacQueen			Director Name		
Street Address 1029 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
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.					
<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 Jeffrey G. Swanson				Date 3/19/2024	
Signature of Officer/Authorized Representative 					

MAIL TO
Division of Business Services
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