



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 10 2024

BY

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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 72024		2. Exact name of the Corporation ANTHONY HOUSE HOUSING CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Providing lower income elderly & handicapped person with affordable housing			
4. NAICS Code 624229					
6. Principal Office Address 50 WASHINGTON SQAURE			City NEWPORT	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT M. SABEL			Vice-President Name NONE		
Street Address 50 WASHINGTON SQUARE			Street Address NONE		
City NEWPORT	State RI	Zip 02840	City NONE	State NONE	Zip NONE
Secretary Name MARJORIE E. JENSEN			Treasurer Name MARJORIE E. JENSEN		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 ELIZABETH PHELPS			Director Name SUSAN BODINGTON		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name ROBERT M. SABEL			Director Name MARJORIE E. JENSEN		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 CHRISTIAN BELDEN				Date 2/20/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov