



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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.

FILED

STAMP

AUG 01 2024

BY

10107

1. Entry ID Number 68348		2. Exact name of the Corporation Rainbow House			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island sober transitional housing			
4. NAICS Code 624229 - Other Community Hou					
6. Principal Office Address 57 Roife Square		City Cranston	State RI	Zip 02910	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alan McKinnon			Vice-President Name		
Street Address 165 Benjamin St			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Ed Morris			Treasurer Name Allan McKinnon		
Street Address PO Box 3671			Street Address 165 Benjamin St		
City Cranston	State RI	Zip 02910	City Pawtucket	State RI	Zip 02860
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 Michael Danahey			Director Name Allen McKinnon		
Street Address PO Box 100582			Street Address 165 Benjamin St		
City Cranston	State RI	Zip 02910	City Pawtucket	State RI	Zip 02860
Director Name Ed Morris			Director Name Wayne Williams		
Street Address PO Box 3671			Street Address 53 Boyden St		
City Cranston	State RI	Zip 02910	City Brockton	State MA	Zip 02302
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Allan McKinnon PRESIDENT				Date 3/11/23 7/24/24	
Signature of Officer/Authorized Representative Allan McKinnon President				gk	

MAIL TO:

Division of Business Services

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RI DOS MADE EDITS PER FILER