



**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.

RI DOS MADE NON-PROFIT
 RECORDED
 INDEXED
 OCT 16 2024
 ASSISTANT CLERK
 STATE DEPT OF REVENUE

1. Entity ID Number 000041512		2. Exact name of the Corporation Habitat for Humanity of Rhode Island - Greater Providence, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To eliminate substandard housing in communities in the Greater Providence, RI area by constructing simple, decent, affordable houses			
4. NAICS Code 624229					
6. Principal Office Address 460 Harris Avenue, Suite 101			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Amanda Heinsen			Vice-President Name Thomas J. Curran		
Street Address 1377 Westminster Street			Street Address 3803 Post Road		
City Providence	State RI	Zip 02909	City Warwick	State RI	Zip 02818
Secretary Name Jeff Davis			Treasurer Name Erica Mandeville		
Street Address 1 Turks Head Place			Street Address 100 Broad Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Dr. Patricia Jackson			Director Name Steven Santos		
Street Address 460 Harris Avenue, Suite 101			Street Address 460 Harris Avenue, Suite 101		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Carmen Gonzalez			Director Name		
Street Address 460 Harris Avenue, Suite 101			Street Address		
City Providence	State RI	Zip 02909	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 Dr. Patricia Jackson					Date 10/09/2024
Signature of Officer/Authorized Representative 					

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

FILED
 OCT 16 2024
 BY EDB
 FORM 681- Revised: 1/2013
 332