



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year:
Non-Profit Corporation

2025

FEB 18 2025

BY 7892

→ 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 80132		2. Exact name of the Corporation House of COMPASSION INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To care for the Homeless with disabilities in a community setting			
4. NAICS Code 624229					
6. Principal Office Address 2510 Mendon Road		City Cumberland		State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Erick Price			Vice-President Name		
Street Address 2510 Mendon Rd.			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Shirley Babcock			Treasurer Name ERICK PRICE		
Street Address 2510 Mendon Rd.			Street Address 2510 Mendon Rd.		
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 ☐					
Director Name Joseph Garcia			Director Name Michelle Price		
Street Address 2510 Mendon Rd.			Street Address 24 DUNBREATH ST.		
City Cumberland	State RI	Zip 02864	City Roxbury	State MA	Zip 02119
Director Name Michael Boucher			Director Name		
Street Address 2510 Mendon Rd.			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.					
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 Shirley Babcock, Secretary					Date 2/12/2025
Signature of Officer/Authorized Representative Shirley Babcock					

MAIL TO:

Division of Business Services

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