State of Rhode Island
Department of State - Business Services Division

FILED
FEB 18 2025
BY 1882

Annual Report for the year: 2025
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	2. Exact name of the Corporation
80132	House of Compassion Inc.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	To care for the Homeless with disabilities in a community setting
4. NAICS Code	
624229	

6. Principal Office Address	City	State	Zip
2510 Mendon Road	Cumberland	RI	02864

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Erick Price	
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	Director Name
Joseph Garcia	Michelle Price
Street Address: 2510 Mendon Rd.	Street Address: 24 Dunbeath 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	Date
Shirley Babcock, Secretary	2/12/2025

Signature of Officer/Authorized Representative: Shirley Babcock

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

FORM 631- Revised: 12/2023