



State of Rhode Island
Department of State - Business Services Division

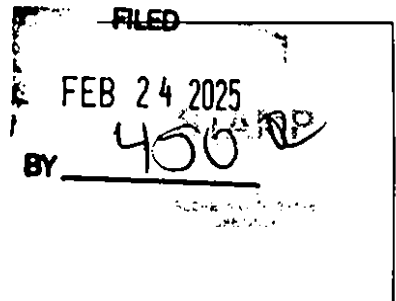
Annual Report for the year: 2025

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 85036		2. Exact name of the Corporation Warwick Non-Profit Housing Corp.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide non-profit housing to the residents of the City of Warwick			
4. NAICS Code 624229-other community					
6. Principal Office Address 1035 West Shore Road			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name J. William Quirk			Vice-President Name None		
Street Address 45 Poppy Place			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Michael S. Lyckland			Treasurer Name Michael S. Lyckland		
Street Address 201 Country Club Drive			Street Address 201 Country Club Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: <input checked="" type="checkbox"/>					
Director Name J. William Quirk			Director Name Mark Doorley		
Street Address 45 Poppy Place			Street Address 17 Sixth Avenue		
City Warwick	State RI	Zip 02886	City East Greenwich	State RI	Zip 02818
Director Name Deborah Quirk			Director Name Michael S. Lyckland		
Street Address 45 Poppy Place			Street Address 201 Country Club Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02888
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 Michael S. Lyckland					Date 2/12/2025
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