



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.

FILED  
FEB 24 2025  
BY 456

|  |          |  |                                       |                          |              |
|--|----------|--|---------------------------------------|--------------------------|--------------|
| 1. Entity ID Number<br>85036   |          | 2. Exact name of the Corporation<br>Warwick Non-Profit Housing Corp.   |                                       |                          |              |
| 3. State of Incorporation<br>Rhode Island  |          | 5. Brief description of the character of business conducted in Rhode Island<br>To provide non-profit housing to the residents of the City of Warwick |                                       |                          |              |
| 4. NAICS Code<br>624229-other community  |          |  |                                       |                          |              |
| 6. Principal Office Address<br>1035 West Shore Road  |          | City<br>Warwick  |                                       | State<br>RI              | Zip<br>02889 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>  |          |  |                                       |                          |              |
| 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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment: <input checked="" type="checkbox"/></span> |          |  |                                       |                          |              |
| 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.  |          |  |                                       |                          |              |
| <b>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.</b>                    |          |  |                                       |                          |              |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>  |          |  |                                       |                          |              |
| Name of Officer/Authorized Representative<br><b>Michael S. Lyckland</b>  |          |  |                                       | Date<br><b>2/12/2025</b> |              |
| Signature of Officer/Authorized Representative<br>   |          |  |                                       |                          |              |

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