

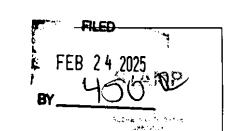
## State of Rhode Island

## **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					
1. Entity ID Number 85036	2. Exact name of the Corporation  Warwick Non-Profit Housing Corp.				
3. State of Incorporation Rhode Island	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	1				
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		
President Name J. William Quirkl			Vice-President Name None		
Street Address 45 Poppy Place			Street Address		
City Warwick	State RI	<sup>Zip</sup> 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	<sup>Zip</sup> 02888	City Warwick	State RI	<sup>Zio</sup> 02888
8. List ALL directors (names and a	ddresses). RI C	Corporations MUST I			
Director Name J. William Quirk			Check the box to indicate an attachment   Director Name Mark Doorley		
Street Address 45 Poppy Place			Street Address 17 Sixth Avenue		
City Warwick	State RI	<sup>Zp</sup> 02886	City East Greenwich	State RI	Z <sub>IP</sub> 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	<sup>Z p</sup> 02886	City Warwick	State RI	Zip 02888
9. The Registered Agent information	on of record with	n the RI Department	of State is accurate. Changes re	quire filing Form 64	
Under penalty of perjury, I decla statements, and that all stateme			· · · · · · · · · · · · · · · · · · ·	companying sched	lules and
This report must be signed by either the Pre	sident, Vice-Preside	nt Secretary, Assistant S	ecretary, Treasurer, duly Authorized Repre	sentative, Receiver or Tri	ıslee
Name of Officer/Authorized Representative				Date	
Michael S. Lyckland				2/12/2025	
Signature of Officer/Authorized Re	presentative				
MAIL TO:	7.	land			

MAJL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov