



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.

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1. Entity ID Number 000141763		2. Exact name of the Corporation CNU New England, Inc.			
3. State of Incorporation MA		5. Brief description of the character of business conducted in Rhode Island To promote the charter of the New Urbanism in New England.			
4. NAICS Code 813920					
6. Principal Office Address 15 Basto Terrace		City Roslindale		State MA	Zip 02131
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jacinda Barbehenn			Vice-President Name Jonathan Ford		
Street Address 10 Irene Road			Street Address 143 Fifth Street		
City Bedford	State MA	Zip 01730	City Providence	State RI	Zip 02906
Secretary Name Matthew J. Lawlor			Treasurer Name Ken Livingston		
Street Address 15 Basto Terrace			Street Address 16 Westfield Road		
City Roslindale	State MA	Zip 02131	City W. Hartford	State CT	Zip 06119
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Zoya Puri			Director Name Suneeth John		
Street Address 29 Wellington Street, G-02			Street Address 35 Cherry Sreet		
City Boston	State MA	Zip 02118	City Newton	State MA	Zip 02465
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 Matthew J. Lawlor, Secretary					Date 17 March 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

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Annual Report for the year: 2025 (CONT PG)

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President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Matthew J. Lawlor			Director Name Jonathan Ford		
Street Address 15 Basto Terrace			Street Address 143 Fifth Street		
City Roslindale	State MA	Zip 021231	City Providence	State RI	Zip 021906
Director Name Jacinda Barbehenn			Director Name Ken Livingston		
Street Address 10 Irene Road			Street Address 16 Westfield Road		
City Bedford	State MA	Zip 01730	City W. Hartford	State CT	Zip 06119
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