State of Rhode Island
Department of State - Business Services Division

**Annual Report for the year:** 2023
**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 |
|---|---|
| 000141763 | 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 | City | State | Zip |
|---|---|---|---|
| 15 Basto Terrace | Roslindale | MA | 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 Rroad | | |
| 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: Claire Coletti | | | Director Name: | | |
| Street Address: 60B Masonic Street | | | Street Address: | | |
| City: Northampton | State: MA | Zip: 01060 | 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 |
|---|---|
| **Matthew J. Lawlor, Secretary** | **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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State of Rhode Island
**Department of State - Business Services Division**

**Annual Report for the year:** 2023 (CONT PG)
**Non-Profit Corporation**

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
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| 1. Entity ID Number | 2. Exact name of the Corporation |
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| 4. NAICS Code | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| | | | |

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

| 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 |

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 |
|---|---|
| | |

Signature of Officer/Authorized Representative

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
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