



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000792966

2. Name of Corporation Kings Grant RHF Housing, Inc.

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624120

4. Principal Office Address

No. and Street: 911 N. STUDEBAKER RD.

City or Town: LONG BEACH

State: CA Zip: 90815 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PURSUE EXCLUSIVELY CHARITABLE AND/OR EDUCATIONAL PURPOSES, INCLUDING, FOR SUCH PURPOSES THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS WHICH QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN PURSUANCE OF THE FOREGOING PURPOSES, THE CORPORATION SHALL HAVE THE POWER TO PROVIDE THE ELDERLY WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL, AND PSYCHOLOGICAL NEEDS, AND TO PROMOTE THEIR HEALTH, SECURITY, HAPPINESS, AND USEFULNESS IN LONGER

LIVING, THE CHARGES FOR SUCH FACILITIES AND SERVICES TO BE PREDICTED UPON THE PROVISION, MAINTENANCE, AND OPERATION THEREOF ON A NONPROFIT BASIS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STUART HARTMAN	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
TREASURER	ANDREW BUNN	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
SECRETARY	LAURA FOX BUCHAN	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
VICE PRESIDENT	NORMA DESAEGHER	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
DIRECTOR	JOHN BAUMAN	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
DIRECTOR	RAYMOND EAST	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
DIRECTOR	DONALD G. HART	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
DIRECTOR	ANDREW BUNN	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
DIRECTOR	NORMA DESAEGHER	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
DIRECTOR	R. JEFFREY POLLOCK	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA
DIRECTOR	CHERYL WILSON	911 N. STUDEBAKER RD. LONG BEACH, CA 90815 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A
EAST PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of April, 2025 at 12:05:13 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By HENRY KROLL
Signature of Authorized Person

Form No. 631
Revised 09/07

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