State of Rhode Island
Department of State - Business Services Division

FILED
APR 14 2025
BY 22769

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.

1. Entity ID Number	2. Exact name of the Corporation
000055196	East Bay Community Development Corp.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Housing Authority
4. NAICS Code: 624229	

6. Principal Office Address	City	State	Zip
443 Hope Street	Bristol	RI	02809

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

President Name: Denise Asciola			Vice-President Name: Catherine Tattrie		
Street Address: 50 Brooksfarm Drive			Street Address: 8 Schoolhouse Road		
City: Bristol	State: RI	Zip: 02809	City: Warren	State: RI	Zip: 02885
Secretary Name: Mary Moreira			Treasurer Name: Vicky White		
Street Address: 570 Wood Street			Street Address: 2 Ursula Drive		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Josue D. Canario			Director Name: Aida Cabral		
Street Address: 15 Riverview Avenue			Street Address: 3 Highway Avenue		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Director Name: Bette Walpole			Director Name: Russ Mello		
Street Address: 30 Bay View Avenue			Street Address: 87 Arlington Avenue		
City: Bristol	State: RI	Zip: 02809	City: Warren	State: RI	Zip: 02885

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
Denise Asciola, President Denise Asciola	3/20/25

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

FORM 631- Revised: 12/2023