



**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. 000799337

2. Name of Corporation Cumberland Housing Assistance Program, Ltd.

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

624229

4. Principal Office Address

No. and Street: 573 MENDON ROAD
SUITE 4

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

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

TO CONSTRUCT PURCHASE OR REHABILITATE HOUSING FOR FAMILIES OF MODERATE AND LOW INCOME

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	GEORGE STANSFIELD	32 HILLSIDE RD CUMBERLAND, RI 02864 USA
VICE PRESIDENT	RICHARD CONFORTI	ONE MENDON RD #E508 CUMBERLAND, RI 02864 USA
DIRECTOR	EDWARD MULLHOLLAND	380 NATE WHIPPLE HWY CUMBERLAND, RI 02864 US
DIRECTOR	LISA AUDETTE	75 BROADVIEW AVE CUMBERLAND, RI 02864 USA
DIRECTOR	CHRISTOPHER ALGER ALGER	19 TANGLEWOOD DRIVE CUMBERLAND, RI 02864 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

TOWN OF CUMBERLAND HOUSING AUTHORITY 573 MENDON ROAD, SUITE 4 CUMBERLAND ,
RI 02864

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

Signed this 16 Day of April, 2025 at 12:59:27 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 JOANE PENSWICK
Signature of Authorized Person

Form No. 631
Revised 09/07

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