RI SOS Filing Number: 202574075330 Date: 6/9/2025 8:37:00 AM



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**: <u>2025</u>

- 1. Corporate ID No. 000308667
- 2. Name of Corporation MANVILLE HILL HOUSING CORP.
- 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 <u>click here.</u>

NAICS Code

<u>624229</u>

4. Principal Office Address

No. and Street: 1029 MENDON ROAD

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

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

TO PROVIDE THE ELDERLY AND HANDICAPPED WITH HOUSING FACILITIES AND SERVICES TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS AND TO PROVIDE HEALTH, SECURITY AND HAPPINESS TO HELP THEM LIVE A MORE USELFUL AND LONGER.

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	JOHN MACQUEEN	1029 MENDON ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	MARY ELIZABETH BOIVIN	1029 MENDON ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	GEORGE ELIZABETH GIFFORD	1029 MENDON ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	DENISE ELIZABETH SHAVERS- TOUSSAINT	1029 MENDON ROAD 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

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 June, 2025 at 8:37:17 AM 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 <u>SAMUEL A. BUDWAY</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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