



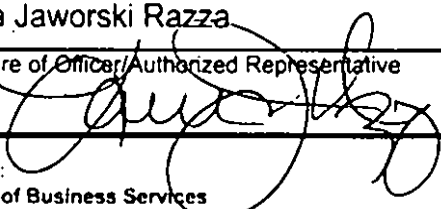
State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

Annual Report for the year: 2022  
 Non-Profit Corporation

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 BY 2874  
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- 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 <b>000275769</b>		2. Exact name of the Corporation <b>Thomas Wilbur Homestead, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Community development corporation that provides affordable housing, shelters, and services to the homeless population.</b>			
4. NAICS Code <b>624229 - Other Community H</b> <input type="checkbox"/>					
6. Principal Office Address <b>3188 Post Road</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Maynard</b>		Vice-President Name			
Street Address <b>95 Hilltop Drive</b>		Street Address			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Anita Sowers</b>		Treasurer Name <b>Thomas C. Beverly</b>			
Street Address <b>PO Box 76</b>		Street Address <b>101 Mystery Farms Dr.</b>			
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Laura Jaworski Razza</b>		Director Name <b>William Stein</b>			
Street Address <b>51 Bishop Avenue</b>		Street Address <b>83 Vincent Avenue</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Antoinette M. Ferrara</b>		Director Name			
Street Address <b>69 Home Avenue</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Laura Jaworski Razza</b>				Date <b>03/17/22</b>	
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](http://www.sos.ri.gov)