



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2022

- Filing period: February 1 - May 1
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2022 JUN 14 P 2:40

1. Entity ID Number 000795360		2. Exact name of the Corporation Shunam House Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island housing for transitioning and homeless individuals.	
4. NAICS Code 624230			
6. Principal Office Address 50 Canton St.		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Georgia Amore		Vice-President Name Joshua Francois	
Street Address 50 Canton St.		Street Address 50 Canton St.	
City Providence	State RI	City Providence	State RI
Secretary Name Tatiana Francois		Treasurer Name Hosanna Francois	
Street Address 100 Broad St.		Street Address Upper College Rd	
City Providence	State RI	City Kingston	State RI
		Zip 02908	
		Zip 02881	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Kathrine ATearo		Director Name Tatiana Francois	
Street Address 355 Cherry Valley Dr.		Street Address 100 Broad St.	
City Inkster	State MI	City Providence	State RI
		Zip 48140	
		Zip 02908	
Director Name Hosanna Francois		Director Name Igho Nyaro	
Street Address 50 Upper College Rd		Street Address 50 Canton St	
City Kingston	State RI	City Providence	State RI
		Zip 02881	
		Zip 02908	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Mengui Hanou		Date 6/14/22	
Signature of Officer/Authorized Representative <i>Mengui Hanou</i>		2:50 FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 14 2022
BY QIB 1YJGD FORM 631 - Revised: 11/2021