



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 JUN 28 A 11: 26

1. Entity ID Number 000549071		2. Exact name of the Corporation RODMAN COMMONS INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide affordable housing to elderly and disabled persons on a nonprofit basis.			
4. NAICS Code 624120 - Services for Elderly and					
6. Principal Office Address 861A BROAD STREET		City PROVIDENCE	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JULIA BUSH - CHAIR			Vice-President Name		
Street Address 861A BROAD ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name KRISTIN DEKUIPER			Treasurer Name KRISTIN DEKUIPER		
Street Address 861A BROAD ST			Street Address 861A BROAD ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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 STEPHANIE ZUREK			Director Name NOEL SANCHEZ		
Street Address 861A BROAD ST			Street Address 861A BROAD ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name LARRY KELLAM			Director Name		
Street Address 861A BROAD ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
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.					
<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 Frank Shea				Date 6/27/2022	
Signature of Officer/Authorized Representative 				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

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 FORM 631 - Revised: 11/2021