



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

APR 20 2023

STAMP

7017

- 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 93614		2. Exact name of the Corporation Jenks Mill Housing Corp.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Exclusively for Charitable and / or Educational purpose.			
4. NAICS Code 624229 - Other Community H <input type="checkbox"/>					
6. Principal Office Address 1029 Mendon Road		City Cumberland	State RI	Zip 02864	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Paul Gagne		Vice-President Name Joanne Buttie			
Street Address 1029 Mendon Road		Street Address 1029 Mendon Road			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Edward Mulholland		Treasurer Name Dan Ouellette			
Street Address 1029 Mendon Road		Street Address 1029 Mendon Road			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Edward Mulholland		Director Name Lisa Audette			
Street Address 1029 Mendon Road		Street Address 1029 Mendon Road			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name John MacQueen		Director Name			
Street Address 1029 Mendon Road		Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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				Date 3/21/2023	
Signature of Officer/Authorized Representative					