



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

**FILED**

MAY 02 2024

BY 

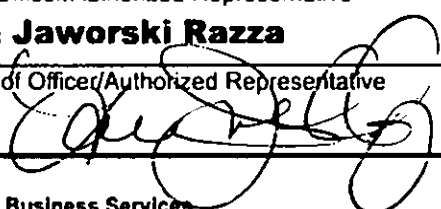
**Annual Report for the year: 2024**

**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.

1. Entity ID Number <b>0000275769</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</b>					
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>Julia Noguchi</b>			Vice-President Name <b>Jordan Day</b>		
Street Address <b>210 Pleasant Street</b>			Street Address <b>184 Glenbridge Ave. Floor 2</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>Kelsey Lima</b>			Treasurer Name		
Street Address <b>40 Becker Ave.</b>			Street Address		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
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 <b>Laura Jaworski</b>			Director Name <b>William Stein</b>		
Street Address <b>51 Bishop Ave.</b>			Street Address <b>22 Stanley Street</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>Sara Melucci</b>			Director Name		
Street Address <b>118 Moore Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	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>					
<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 <b>Laura Jaworski Razza</b>					Date <b>4/2/24</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