

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**LOW INCOME HOUSING INSTITUTE (LIHI)**

UBI Number:

**601 341 835**

Business Type:

**WA NONPROFIT CORPORATION**

Business Status:

**ACTIVE**

Principal Office Street Address:

**2407 1ST AVE STE 200, SEATTLE, WA, 98121-1311, UNITED STATES**

Principal Office Mailing Address:

**2407 1ST AVE STE 200, SEATTLE, WA, 98121-1311, UNITED STATES**

Expiration Date:

**09/30/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**09/18/1991**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**DEVELOPS, OWNS AND OPERATES HOUSING FOR THE BENEFIT OF LOW-INCOME, HOMELESS AND FORMERLY HOMELESS PEOPLE IN WASHINGTON STATE; ADVOCATES FOR JUST HOUSING POLICIES AT THE LOCAL AND NATIONAL LEVELS; AND ADMINISTERS A RANGE OF SUPPORTIVE SERVICE PROGRAMS TO ASSIST THOSE WE SERVE IN MAINTAINING STABLE HOUSING AND INCREASING THEIR SELF-SUFFICIENCY.**

### REGISTERED AGENT CONSENT

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To change your Registered Agent, please delete the current Registered Agent below.

**Registered Agent Consent (Check One):**

☐

I am the Registered Agent. Use my Contact Information.

☒

I am not the Registered Agent. I declare under penalty of perjury that the WA Nonprofit Corporation has in its records a

signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Nonprofit Corporation must keep the signed consent document in its records, and must produce the document on request.

RCW [23.95.415](#) requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

## REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
BS&G, INC.	1191 2ND AVE STE 1800, SEATTLE, WA, 98101-2996, USA	1191 2ND AVE STE 1800, SEATTLE, WA, 98101-2996, USA

## PRINCIPAL OFFICE

Phone:

Email:

**KBROWN@GSBLAW.COM**

Street Address:

**2407 1ST AVE STE 200, SEATTLE, WA, 98121-1311, USA**

Mailing Address:

**2407 1ST AVE STE 200, SEATTLE, WA, 98121-1311, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		MELINDA	NICHOLS
GOVERNOR	INDIVIDUAL		PEARL	LEUNG
GOVERNOR	INDIVIDUAL		CATHY	DANIGELIS
GOVERNOR	INDIVIDUAL		JOSEPH	ABREU

## NATURE OF BUSINESS

- DEVELOPS, OWNS AND OPERATES HOUSING FOR THE BENEFIT OF LOW-INCOME, HOMELESS AND FORMERLY HOMELESS PEOPLE IN WASHINGTON STATE; ADVOCATES FOR JUST HOUSING POLICIES AT THE LOCAL AND NATIONAL LEVELS; AND ADMINISTERS A RANGE OF SUPPORTIVE SERVICE PROGRAMS TO ASSIST THOSE WE SERVE IN MAINTAINING STABLE HOUSING AND INCREASING THEIR SELF-SUFFICIENCY.

## EFFECTIVE DATE

Effective Date:

**09/25/2018**

## CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

**YES**

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

**NO**

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

**NO**

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

\* This company owns land, buildings or other real estate in Washington State,

**AND**

\* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

## RETURN ADDRESS FOR THIS FILING

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Attention:

**KATHLEEN BROWN**

Email:

**KBROWN@GSBLAW.COM**

Address:

**1191 2ND AVE STE 1800, SEATTLE, WA, 98101-2996, USA**

## UPLOAD ADDITIONAL DOCUMENTS

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Do you have additional documents to upload? **No**

## EMAIL OPT-IN

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☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON

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☒ I am an authorized person.

Person Type:

**ENTITY**

First Name:

**KATHLEEN**

Last Name:

**BROWN**

Entity Name:

**BS&G, INC.**

Title:

**ASSISTANT SECRETARY**

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.