



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Moles, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>93598</b>		2. Name of Corporation <b>SENIOR Activism in a Gay Environment/Rhode Island (SAGE/RI)</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>6 1/2 BURGESS RD</b>		City <b>Foster</b>	Zip <b>02825</b>
5 Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>To EMPOWER OLDER LESBIANS AND GAY MEN to take part in decision making that affects their lives and influence social policies.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>MARGUERITE McLAUGHLIN</b>			Vice President Name <b>PATRICIA BURBANK</b>		
Street Address <b>80 FISHER RD #90</b>			Street Address <b>46 Mill Pond Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>No. Kingston</b>	State <b>R.I.</b>	Zip <b>02852</b>
Secretary Name <b>Sally Hay</b>			Treasurer Name <b>PETER M. FOURNIER</b>		
Street Address <b>139 ELDER ST.</b>			Street Address <b>6 1/2 BURGESS RD</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>ALEXIA KOSMIDER</b>			Director Name <b>DIANA SHAW</b>		
Street Address <b>41 STADDENS ST</b>			Street Address <b>27 Edgehill Rd</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>MARIE ESPOSITO</b>			Director Name		
Street Address <b>215 FERRIS AVE</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee:

**FILED**

JUL 13 2011

BY **148316**

9:50

2011 JUL 11 9:50

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.

**Peter M Fournier** 7/13/11  
Signature of Officer Date

**PETER M. FOURNIER**  
Print or Type Name of Officer

**TREASURER**  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY