



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000797273

**2. Name of Corporation** Amenity Aid

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 85 LANDIS DRIVE

City or Town: WARWICK

State: RI

Zip: 02818

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

CHARITABLE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ELIZABETH DUGGAN	85 LANDIS DRIVE WARWICK, RI 02818 USA
DIRECTOR	ELIZABETH DUGGAN	85 LANDIS DRIVE WARWICK, RI 02818 USA
DIRECTOR	AMY GALLAGHER	180 EAST SHORE ROAD

		JAMESTOWN, RI 02835 USA
DIRECTOR	KATIE POLITELLI	1 GRAY COACH WEST CRANSTON, RI 02920 USA
DIRECTOR	REBECCA SIDDIQUI	293 WASHINGTON STREET EAST BRIDGEWATER, MA 02333 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ELIZABETH DUGGAN 85 LANDIS DRIVE WARWICK , RI 02818

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 10 Day of June, 2015 at 3:52:38 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ELIZABETH DUGGAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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