



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.** 000093598

**2. Name of Corporation** Senior Action in a Gay Environment/Rhode ISLAND (SAGE/RI)

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 6 1/2 BURGESS ROAD

City or Town: FOSTER

State: RI

Zip: 02825

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**

TO EMPOWER OLDER LESBIANS AND GAY MEN TO TAKE PART IN DECISION MAKING THAT EFFECTS THEIR LIVES AND INFLUENCE SOCIAL POLICIES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	MARGUERITE MCLAUGHLIN	80 FISHER ROAD, #90 CUMBERLAND, RI 02864 USA
TREASURER	PETER M FOURNIER	6 1/2 BURGESS ROAD FOSTER, RI 02825 USA

DIRECTOR	PATRICIA BURBANK	40 MILL POND ROAD NORTH KNIGSTOWN, RI 02852 USA
DIRECTOR	DAVID MCELROY	138 HILARY DRIVE PROVIDENCE, RI 02908 USA
DIRECTOR	SALLY HAY	139 ELDER STREET LINCOKN, RI 02865 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**

PETER M. FOURNIER 6 1/2 BURGESS ROAD FOSTER , RI 02825

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

**Signed this 30 Day of June, 2015 at 8:58:04 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 PETER M. FOURNIER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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