

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 849375	2. Exact na FRIENDS	2. Exact name of the Corporation FRIENDS OF GEORGE, INC.					
3. State of Incorporation	4. Brief des	cription of the characte	r of business conducted in Rhode 10 financial assistance for	Island	mtally and		
RI	physical	ly disabled indivi	iduals	both developme	entany and	severiy	
5. Principal office address 152 Kay Street			City NEWPORT	State RI	Zip <b>02840</b>		
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President Name Anthony G. Kutsafti	s	···	Vice-President Name		· · · · · · · · · · · · · · · · · · ·		
Street Address 152 Kay Street			Street Address		2015		
City Newport	State RI	Zip <b>02840</b>	City	State	Zip S		
Secretary Name Joseph J. Nicholson, Jr.			Treasurer Name Connie Kutsaftis		8	RATIO	
Street Address 35 Powel Ave.			Street Address 130 Purgatory Road				
City Newport	State RI	Zip <b>02840</b>	City <b>Middletown</b>	State RI	گڼېرن 02 <b>8⊄</b> 2	₹ <u>₩</u>	
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Director Name Anthony G. Kutsaftis			Director Name Connie Kutsaftis				
Street Address 152 Kay Street			Street Address 130 Purgatory Road				
City Newport	State RI	Zip <b>02840</b>	City Middletown	State <b>RI</b>	Zip <b>02842</b>		
Director Name Joseph J. Nicholson, Jr.			Director Name				
Street Address 35 Powel Ave.			Street Address				
City Newport	State <b>Ri</b>	Zip <b>02840</b>	City	State	Zip		
440.564 (AET) 200 a kilologist, T	to for paste services	· .		t			
This information is curre	ntly of record in th	e Office of the Secret	ary of State. Changes require fili	na Form 641.			
		ent, Vice-President, Se	coretary, Assistant Secretary, Treas		Representative	, Receiver	

By 255435

Under penalty of perjury/ declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements conjained herein are true and correct.

AUG 28 2015

FILED

Signature of Officer productionized Representative

8/24/2015 Date

KW Joseph J. Nicholson, Jr.

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014