RI SOS Filing Number: 201576538700 Date: 08/28/2015 9:38 AM

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
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
849375	**FRIENDS OF GEORGE, INC.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**to provide scholarship and financial assistance for both developmentally and severly physically disabled individuals**

5. Principal office address	City	State	Zip
152 Kay Street	**NEWPORT**	**RI**	**02840**

President Name	Vice-President Name
Anthony G. Kutsaftis	
Street Address: 152 Kay Street	Street Address:
City: Newport / State: RI / Zip: 02840	City: / State: / Zip:
Secretary Name: Joseph J. Nicholson, Jr.	Treasurer Name: Connie Kutsaftis
Street Address: 35 Powel Ave.	Street Address: 130 Purgatory Road
City: Newport / State: RI / Zip: 02840	City: Middletown / State: RI / Zip: 02842

Director Name	Director Name
Anthony G. Kutsaftis	**Connie Kutsaftis**
Street Address: **152 Kay Street**	Street Address: **130 Purgatory Road**
City: **Newport** / State: **RI** / Zip: **02840**	City: **Middletown** / State: **RI** / Zip: **02842**
Director Name: **Joseph J. Nicholson, Jr.**	Director Name:
Street Address: **35 Powel Avenue**	Street Address:
City: **Newport** / State: **RI** / Zip: **02840**	City: / State: / Zip:

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

RECEIVED SECRETARY OF STATE CORPORATIONS DIV. AUG 28 AM 9:38

RECEIVED SECRETARY OF STATE CORPORATIONS AUG -7 AM

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

[redacted]

9:38AM
FILED
AUG 28 2015
By 255435
ICM

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.

Signature of Officer or Authorized Representative — Date

Joseph J. Nicholson, Jr.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 12/2014
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