



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. 849375		2. Exact name of the Corporation FRIENDS OF GEORGE, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island to provide scholarship and financial assistance for both developmentally and severely physically disabled individuals			
5. Principal office address 152 Kay Street		City NEWPORT		State RI	Zip 02840
President Name Anthony G. Kutsaftis		Vice-President Name		AUG 28 AM 9:38 RECEIVED SECRETARY OF STATE CORPORATIONS DIV	
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 Anthony G. Kutsaftis		Director Name 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		AUG -7 AM RECEIVED SECRETARY OF STATE CORPORATIONS	
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.					

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



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