



**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:** 2017

**1. Corporate ID No.** 000067868

**2. Name of Corporation** Rhode Island Association of Facilities and Services for the Aging Education Corporation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990

**4. Corporate Address in Rhode Island**

No. and Street: 225 CHAPMAN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

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 EDUCATE ITS MEMBERSHIP & THE PUBLIC ABOUT NOT-FOR-PROFIT HEALTH CARE, HOUSING AND OTHER SERVICES FOR THE AGING.

**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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MATT TRIMBLE	1 SAINT ELIZABETH WAY EAST GREENWICH, RI 02818 USA
TREASURER	WENDY FARGNOLI	400 MENDON ROAD NORTH SMITHFIELD , RI 02896 USA
SECRETARY	SUSAN ADLER	100 NIANTIC AVENUE PROVIDENCE , RI 02907 USA
VICE PRESIDENT	SANDRA CULLEN	40 IRVING AVENUE EAST PROVIDENCE , RI 02914 USA
DIRECTOR	CINDY CONANT-ARP	25 BRAYTON AVENUE CRANSTON , RI 02920 USA
DIRECTOR	STEVEN HOROWITZ	1 SAINT ELIZABETH WAY EAST GREENWICH, RI 02818 USA
DIRECTOR	BONNIE SEKERES	3 SHALOM DRIVE WARWICK , RI 02905 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**

JAMES NYBERG 225 CHAPMAN STREET PROVIDENCE , RI 02905

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

**Signed this 12 Day of June, 2017 at 5:31:20 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 SUSAN CIORLANO  
Signature of Authorized Person

Form No. 631  
Revised 09/07