



**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:** 2019

**1. Corporate ID No.** 000144486

**2. Name of Corporation** Quaker Estates of Portsmouth II, Inc.

**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

**4. Corporate Address in Rhode Island**

No. and Street: 2368 EAST MAIN ROAD

City or Town: PORTSMOUTH

State: RI

Zip: 02871

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 PROVIDE ELDERLY PERSONS WITH HOUSING FACILITIES AND SERVICES  
ESPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL  
NEEDS

**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**Incorporator is no longer applicable; please delete**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| TREASURER      | ALLISON SERINA                                 | 34 DOROTHY AVENUE<br>PORTSMOUTH, RI 02871 USA              |
| SECRETARY      | RACHEL KELLEY                                  | 5 ELAINE AVENUE<br>PORTSMOUTH, RI 02871 USA                |
| VICE PRESIDENT | KATRINE HANSEN                                 | 10 ANNETTE DRIVE<br>PORTSMOUTH, RI 02871 USA               |
| DIRECTOR       | KIM KELLEY                                     | 201 HEDLEY STREET<br>PORTSMOUTH, RI 02871 USA              |
| DIRECTOR       | JON RICHMOND                                   | 2628 EAST MAIN ROAD<br>PORTSMOUTH, RI 02871 USA            |
| DIRECTOR       | KEN JONES                                      | 2121 WEST MAIN RD., APT. 704<br>PORTSMOUTH, RI 02871 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**

DREW P. KAPLAN, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

**Signed this 18 Day of June, 2019 at 10:41:56 AM 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 KATRINE HANSEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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