State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State			
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: 2020			
1. Corporate ID No. 001694067			
2. Name of Corporation <u>RIALA Senior Living Institute</u>			
3. State of Incorporation			
State: <u>RI</u>			
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 <u>click here.</u>			
NAICS Code 6   611519 6			
4. Corporate Address in Rhode Island			
No. and Street: 500 NORTH BROADWAY			
City or Town: EAST PROVIDENCE State: RI Zip: 02904 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			
THE TAX EXEMPT NONPROFIT PURPOSE PERMITTED UNDER RIGL AND THE INTERNAL			
<u>REVENUE CODE IS TO SERVE AS AN EDUCATIONAL INSTITUTION THAT PROVIDES</u> EDUCATION, RESEARCH AND TRAINING TO PREPARE COMMUNITIES, COMPANIES,			
FAMILIES, AND WORKERS TO UNDERSTAND AGING AND WORKING WITH OLDER PEOPLE.			
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	KATHLEEN KELLY	500 NORTH BROADWAY EAST PROVIDENCE, RI 02904 USA
DIRECTOR	JASEN CROZIER	500 NORTH BROADWAY EAST PROVIDENCE, RI 02904 USA
DIRECTOR	KAREN LALLY	500 NORTH BROADWAY EAST PROVIDENCE, RI 02904 USA
DIRECTOR	KAREN PECK, RN	500 NORTH BROADWAY EAST PROVIDENCE, RI 02904 USA
DIRECTOR	ROBERTA RAGGE	500 NORTH BROADWAY EAST PROVIDENCE, RI 02904 USA
DIRECTOR	KATHLEEN KELLY	500 NORTH BROADWAY EAST PROVIDENCE, RI 02904 USA
DIRECTOR	AKSHAY TALWAR	500 NORTH BROADWAY EAST PROVIDENCE, RI 02904 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

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE, RI 02906

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

**Signed this 3 Day of April, 2020 at 12:55:52 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 <u>KATHLEEN KELLY TRIPP</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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