



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: 2020

1. Corporate ID No. 001694067

2. Name of Corporation RIALA Senior Living Institute

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

6

611519

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 REVENUE CODE IS TO SERVE AS AN EDUCATIONAL INSTITUTION THAT PROVIDES 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address 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 KATHLEEN KELLY TRIPP
Signature of Authorized Person

Form No. 631
Revised 09/07