RI SOS Filing Number: 202041211410 Date: 5/29/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAY 29 2020

BY 8184 OS

Annual Report for the year: 2020

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
28127	Nina Lynette Home
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Operating a home for the aged 623110

5. Principal Office Address	City	State	Zip
87 Washington St	Newport	RI	02840

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: Mary Beth Pike			Vice-President Name: Vacant		
Street Address: 88 Eustis Ave			Street Address:		
City: Newport	State: RI	Zip: 02840	City:	State:	Zip:
Secretary Name: Ellen Leys			Treasurer Name: Maureen Mooney		
Street Address: 45 Homer St			Street Address: 97 Narragansett Ave Apt M2		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Jane MacL. Walsh			Director Name: Audrey Grimes		
Street Address: 32 Second St			Street Address: 44 Everett St		
City: Norwalk	State: CT	Zip: 06851	City: Newport	State: RI	Zip: 02840
Director Name: Mary Bauer			Director Name: Mary Jo Carr		
Street Address: 1 Broadview Terr			Street Address: 35 Long Wharf Mall		
City: Norwalk	State: CT	Zip: 06852	City: Newport	State: RI	Zip: 02840

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative: Mary Beth Pike — Date: 5/28/20

Signature of Officer/Authorized Representative: Mary Beth Pike SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016