



**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.** 000027618

**2. Name of Corporation** The Jonnycake Center of Westerly, 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

6

624190

**4. Corporate Address in Rhode Island**

No. and Street: 23 INDUSTRIAL DRIVE

City or Town: WESTERLY

State: RI

Zip: 02891

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**

OPERATE A THRIFT STORE, A FOOD PANTRY, AN EDUCATION FACILITY, AND  
PROVIDE FINANCIAL ASSISTANCE TO NEEDY FAMILIES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | NICK CASTAGNA                                         | 18 MAY FLOWER AVE.<br>PAWCATUCK, CT 06379 USA                     |
| TREASURER      | EVELYN THAVENET                                       | 97 RIVER RD.<br>PAWCATUCK, CT 06379 USA                           |
| SECRETARY      | LEE-ANN KOZORA                                        | 76 DIAMOND HILL RD.<br>BRADFORD, RI 02808 USA                     |
| VICE PRESIDENT | PAULETTE RETSINAS                                     | 6 KNOWLES AVE.<br>WESTERLY, RI 02891 USA                          |
| DIRECTOR       | BILL GOODWIN                                          | 36 PALMER NECK RD<br>PAWCATUCK, CT 06378 USA                      |
| DIRECTOR       | SUSAN CAROCARI                                        | 13 CLAY LANE<br>WESTERLY, RI 02891 USA                            |
| DIRECTOR       | CAL LORD                                              | 68 SUMMER ST.<br>WESTERLY, RI 02891 USA                           |
| DIRECTOR       | REBECCA MAGNER                                        | 15B APACHE DR.<br>WESTERLY, RI 02891 USA                          |
| DIRECTOR       | KAREN CIOFFI                                          | 94 EAST AVE.<br>WESTERLY, RI 02891 USA                            |
| DIRECTOR       | NICOLE BENOIT                                         | 20 SCHILKE DR.<br>WESTERLY, RI 02891 USA                          |
| DIRECTOR       | SAMANTHA BAZYDLO                                      | 34 POND DR.<br>NORTH STONINGTON, CT 06359 USA                     |
| DIRECTOR       | KATHRYN TRACEY                                        | 317 RIXTOWN RD.<br>GRISWOLD, CT 06351 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**

MARK BERARDO, ESQ. 23 INDUSTRIAL DRIVE, UNIT 9 P.O. BOX 273 WESTERLY , RI 02891

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

**Signed this 8 Day of June, 2020 at 12:23:54 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 LEE EASTBOURNE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

