



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2020

JUN 29 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

BY 889 OS

1. Entity ID Number 000093598		2. Exact name of the Corporation SAGE-RI <i>Service Action in a Gay Environment / Rhode Island</i>			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SAGE-RI is a nonprofit, intergenerational organization that aims to promote, empower, and contribute to the high quality of life for lesbian, gay, bisexual and transgender older adults in Rhode Island through service education and advocacy.			
4. NAICS Code 624120 - Services for Elders					
6. Principal Office Address 183 GLEN RD			City WOONSOCKET	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CATHY GORMAN			Vice-President Name TAI BACANI		
Street Address 28 ROBERTA AVE			Street Address 106 EARLY AVE		
City PAWTUCKET	State RI	Zip 02860	City WARWICK	State RI	Zip 02889
Secretary Name			Treasurer Name SHAUN COURNOYER		
Street Address			Street Address 183 GLEN RD		
City	State	Zip	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CATHY GORMAN			Director Name TAI BACANI		
Street Address 28 ROBERTA AVE			Street Address 106 EARLY AVE		
City PAWTUCKET	State RI	Zip 02860	City WARWICK	State RI	Zip 02889
Director Name SARAH DeCataldo			Director Name ROBERT O'NEIL		
Street Address 37 DELWAY RD			Street Address 16 WASHBUM AVE		
City CRANSTON	State RI	Zip 02910	City RUMFORD	State RI	Zip 02916
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative SHAUN COURNOYER				Date 06-26-2020	
Signature of Officer/Authorized Representative <i>Shaun Cournoyer</i>				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