



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<br><b>000093598</b>                                                                                                                                                                            |                 | 2. Exact name of the Corporation<br><b>SAGE-RI</b> <i>Service Action in a Gay Environment / Rhode Island</i>                                                                                                                                                                                                                           |                                       |                           |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>                                                                                                                                                                   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>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.</b> |                                       |                           |                     |
| 4. NAICS Code<br><b>624120 - Services for Elders</b>                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                        |                                       |                           |                     |
| 6. Principal Office Address<br><b>183 GLEN RD</b>                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                        | City<br><b>WOONSOCKET</b>             | State<br><b>RI</b>        | Zip<br><b>02895</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                     |                 |                                                                                                                                                                                                                                                                                                                                        |                                       |                           |                     |
| President Name <b>CATHY GORMAN</b>                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                        | Vice-President Name <b>TAI BACANI</b> |                           |                     |
| Street Address <b>28 ROBERTA AVE</b>                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                        | Street Address <b>106 EARLY AVE</b>   |                           |                     |
| City <b>PAWTUCKET</b>                                                                                                                                                                                              | State <b>RI</b> | Zip <b>02860</b>                                                                                                                                                                                                                                                                                                                       | City <b>WARWICK</b>                   | State <b>RI</b>           | Zip <b>02889</b>    |
| Secretary Name                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                        | Treasurer Name <b>SHAUN COURNOYER</b> |                           |                     |
| Street Address                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                        | Street Address <b>183 GLEN RD</b>     |                           |                     |
| City                                                                                                                                                                                                               | State           | Zip                                                                                                                                                                                                                                                                                                                                    | City <b>WOONSOCKET</b>                | State <b>RI</b>           | Zip <b>02895</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |                                                                                                                                                                                                                                                                                                                                        |                                       |                           |                     |
| Director Name <b>CATHY GORMAN</b>                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                        | Director Name <b>TAI BACANI</b>       |                           |                     |
| Street Address <b>28 ROBERTA AVE</b>                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                        | Street Address <b>106 EARLY AVE</b>   |                           |                     |
| City <b>PAWTUCKET</b>                                                                                                                                                                                              | State <b>RI</b> | Zip <b>02860</b>                                                                                                                                                                                                                                                                                                                       | City <b>WARWICK</b>                   | State <b>RI</b>           | Zip <b>02889</b>    |
| Director Name <b>SARAH DeCataldo</b>                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                        | Director Name <b>ROBERT O'NEIL</b>    |                           |                     |
| Street Address <b>37 DELWAY RD</b>                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                        | Street Address <b>16 WASHBUM AVE</b>  |                           |                     |
| City <b>CRANSTON</b>                                                                                                                                                                                               | State <b>RI</b> | Zip <b>02910</b>                                                                                                                                                                                                                                                                                                                       | City <b>RUMFORD</b>                   | State <b>RI</b>           | Zip <b>02916</b>    |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.                                                                          |                 |                                                                                                                                                                                                                                                                                                                                        |                                       |                           |                     |
| <b>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.</b>        |                 |                                                                                                                                                                                                                                                                                                                                        |                                       |                           |                     |
| <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<br><b>SHAUN COURNOYER</b>                                                                                                                                                |                 |                                                                                                                                                                                                                                                                                                                                        |                                       | Date<br><b>06-26-2020</b> |                     |
| Signature of Officer/Authorized Representative<br><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