



**State of Rhode Island
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. 000031621

2. Name of Corporation Portsmouth Multi-Purpose Senior Center, 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

4. Corporate Address in Rhode Island

No. and Street: 110 BRISTOL FERRY ROAD
City or Town: PORTSMOUTH

State: RI Zip: 02871 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

SOCIAL,RECREATIONAL AND EDUCATIONAL SENIOR SERVICES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HELEN M MATHIEU MRS	25 OLD BEACH RD NEWPORT, RI 02840 USA
TREASURER	EDMUND B SILVERIA MR	161 MIDDLE RD PORTSMOUTH, RI 02871 USA
SECRETARY	MARY RAUCH	51 MIDDLE RD #304 PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	CAROLINE R CROUCH MRS	212 YOUNG DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	SUSAN RESARE MS.	7 WAYLAND RD BRISTOL, RI 02809 USA
DIRECTOR	RUTH COSTA MRS	14 SCOTTY DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	CYNTHIA JEAN KONIECKI MS	45 ALAN ST TIVERTON, RI 02878 USA
DIRECTOR	ROBERT J HAMILTON MR	543 PARK AVE PORTSMOUTH, RI 02871 USA
DIRECTOR	ROBERT A PONIATOWSKI MR	70 RICHARD DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	JOHN F. BRADY MR.	206 IMMOKOLEE DRIVE PORTSMOUTH, RI 02871 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

CYNTHIA J. KONIECKI 110 BRISTOL FERRY ROAD P.O. BOX 202 PORTSMOUTH , RI 02871

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

Signed this 31 Day of July, 2020 at 12:43:25 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 CYNTHIA KONIECKI
Signature of Authorized Person

Form No. 631
Revised 09/07