



**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:** 2021

**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. Principal Office Address**

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:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

SOCIAL,RECREATIONAL AND EDUCATIONAL SENIOR SERVICES

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> 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 DRI VE 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

**7. 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

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

**Signed this 22 Day of March, 2021 at 4:34:44 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 JEAN KONIECKI MS  
Signature of Authorized Person

Form No. 631  
Revised 09/07