



**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. 001695153

2. Name of Corporation Just Aphasia Stroke Knowledge Just A.S.K.

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: 268 MAIN STREET

City or Town: HOPE

State: RI

Zip: 02831

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

TO PROVIDE INDIVIDUALS CAREGIVERS AND STAKEHOLDERS A WAY TO CONNECT SUPPORT AND SHARE RESOURCES SPECIFICALLY BUT NOT EXCLUSIVELY TO APHASIA EXCLUSIVELY FOR EDUCATION AND CHARITABLE PURPOSES WITH IN THE MEANING OF SECTION 501C3 OF THE INTERNAL REVENUE CODE

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	DENISE LOWELL	268 MAIN STREET HOPE, RI 02831 USA
DIRECTOR	KENNETH A. LOWELL	268 MAIN STREET HOPE , RI 02831 USA
DIRECTOR	PAMELA DEMELIM	80 CHURCH STREET PASCOAG, RI 02859 USA
DIRECTOR	LUCIA WATSON	102 FOSTER CENTER ROAD FOSTER, RI 02825 USA
DIRECTOR	CHRISTINE PARENTY	36 SHLTRA AVE COVENTRY, RI 02816 USA
DIRECTOR	DEANNA KELLY	193 COMSTOCK PKWY CRANSTON, RI 02921 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**

DENISE LOWELL 268 MAIN STREET HOPE , RI 02831

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

Signed this 9 Day of June, 2021 at 11:40:54 AM 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 PAMELA DEMELIM
Signature of Authorized Person

Form No. 631
Revised 09/07

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