



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2021**

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.

FILED

JUN 23 2021

648

02

1. Entity ID Number 59434	2. Exact name of the Corporation Friends of Warwick Senior Centers, Inc.		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Support seniors programs at Warwick Senior Center. Once a month bingo		
4. NAICS Code 624120 - Services for Elderly a <input type="checkbox"/>			
6. Principal Office Address 27 Pilgrim Parkway		City Warwick	State RI
		Zip 02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Elaine Bartholemew		Vice-President Name Barbara Baguchinsky	
Street Address 31 Sagamore Street		Street Address 139 Namquid Drive	
City Warwick	State RI	Zip 02889	City Warwick
			State RI
			Zip 02888
Secretary Name Gail Sheedy		Treasurer Name Diana Flaagan	
Street Address 127 Pettis Street		Street Address 31 Almay Street	
City Warwick	State RI	Zip 02889	City Warwick
			State RI
			Zip 02886
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 Elaine Bartholemew		Director Name Barbara Baguchinsky	
Street Address 31 Sagamore Street		Street Address 139 Namquid Drive	
City Warwick	State RI	Zip 02889	City Warwick
			State RI
			Zip 02888
Director Name Gail Sheedy		Director Name Diana Flaagan	
Street Address 127 Pettis Street		Street Address 31 Almay Street	
City Warwick	State RI	Zip 02889	City Warwick
			State RI
			Zip 02886
9. The Registered Agent information of record with the RI Department of State is accurate. 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 DIANA FLAAGAN			Date 6-17-2021
Signature of Officer/Authorized Representative <i>Diana Flaagan</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov