



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.

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 BUS SVCS DIV

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1. Entity ID Number 138995		2. Exact name of the Corporation Rhode Island Senior Olympics			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A fitness program for seniors thru education and sporting competitions			
4. NAICS Code 813319					
6. Principal Office Address 21 Dalton Street		City Rumford		State RI	Zip 02916
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael E. Lyons			Vice-President Name William Masuck		
Street Address 21 Dalton Street			Street Address 25 Second Street		
City Rumford	State RI	Zip 02916	City Pawtucket	State RI	Zip 02861
Secretary Name Kelly Morra			Treasurer Name Robert Murphy		
Street Address 900 Wedgewood Road			Street Address 175 Randall		
City Bethlehem	State PA	Zip 18017	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 Sandi Ruggiero			Director Name Dolores Bergeron		
Street Address 22 Daboll Ct.			Street Address 1017 Williamsburg Circle		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02905
Director Name David Belheumer			Director Name		
Street Address 11 Lincoln Meadows Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
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 Michael E. Lyons				Date 6/29/2021	
Signature of Officer/Authorized Representative <i>Michael Lyons</i>				FILED JUL 08 2021 BY <i>CU 6XX93</i> 1:48	

MAIL TO:
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