



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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1. Entity ID Number <b>001681946</b>		2. Exact name of the Corporation <b>Good Samaritan Association</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To help members of the club in time of sorrow, and happiness such as reproduction, marriage, birth of babies and community services - Ptz</b>	
4. NAICS Code <b>813219</b>			
6. Principal Office Address <b>126 Borden Ave</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Augustine Saty</b>		Vice-President Name <b>Bertrice Doulay</b>	
Street Address <b>126 Borden Ave</b>		Street Address <b>14 Lee Ave</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02904</b>	
Secretary Name <b>Trokan Ciaban</b>		Treasurer Name <b>Emma Stewart</b>	
Street Address <b>296 Chad Brown St</b>		Street Address <b>46 Gray Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02909</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Hanna Miamen</b>		Director Name <b>Ruth Wry</b>	
Street Address <b>126 BONDON STREET</b>		Street Address <b>37 Glenham St</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02907</b>	
Director Name <b>Bernice Sumo</b>		Director Name <b>Joyce Saty</b>	
Street Address <b>46 Gray Street</b>		Street Address <b>126 Borden Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02919</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Augustine Saty</b>			Date <b>07/27/21</b>
Signature of Officer/Authorized Representative <b>Augustine Saty</b>			<b>FILED</b>

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

JUL 27 2021  
BY **[Signature]**  
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