RI SOS Filing Number: 202100032800 Date: 8/6/2021 2:28:00 PM

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 AUG -6 P 2:26

1. Entity ID Number	2 Exact name of the Corporation
000543813	Rogers Home, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Provide Housing and services for adult males suffering from alcoholism and drug addiction
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
70 Foster Sheldon Road	Wakefield	RI	02879

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Milton Rogers III			Vice-President Name: Frank Moreau		
Street Address: 70 Foster Sheldon Road			Street Address: 1361 Broad Street		
City: Wakefield	State: RI	Zip: 02879	City: Central Falls	State: RI	Zip: 02863
Secretary Name: Milton Rogers III			Treasurer Name: Frank Moreau		
Street Address: Same Above			Street Address: Same Above		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Milton Rogers III			Director Name: Frank Moreau		
Street Address: 70 Foster Sheldon Road			Street Address: 1361 Broad Street		
City: Wakefield	State: RI	Zip: 02879	City: Central Falls	State: RI	Zip: 02863
Director Name: Wilder L. Rogers			Director Name		
Street Address: 70 Foster Sheldon Road			Street Address		
City: Wakefield	State: RI	Zip: 02879	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.

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

Name of Officer/Authorized Representative	Date
Frank Moreau	08-06-2021

Signature of Officer/Authorized Representative

FILED
AUG 06 2021
KL PGQN
2:28

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

FORM 631 - Revised: 08/2020