



**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: February 1 - May 1*

*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:** 2022

**1. Corporate ID No.** 000566261

**2. Name of Corporation** Friends of the Johnston Senior Citizens' Center, Inc.

**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



624120

**4. Principal Office Address**

No. and Street: 1291 HARTFORD AVENUE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROVIDE SENIOR CITIZENS WITH HUMAN RESOURCES AND SOCIAL AND  
COMMUNITY CONTACTS / CHARITABLE PURPOSES

**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
PRESIDENT	MATTHEW BOLTON	22 MACINTOSH DRIVE CRANSTON, RI 02921 USA

DIRECTOR	DENISE I BELL	84 AUSTIN RD EAST GREENWICH, RI 02818 USA
DIRECTOR	ELLEN TREMENTOZZI	10 CHERYL DRIVE #512 JOHNSTON, RI 02919 USA
DIRECTOR	ANTHONY ZOMPA	40 BEECHNUT DRIVE JOHNSTON, RI 02919 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**

MATTHEW BOLTON 22 MACINTOSH DRIVE CRANSTON , RI 02921

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

**Signed this 11 Day of July, 2022 at 2:29:38 PM 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 MATTHEW J BOLTON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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