



**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

**Foreign Non-Profit
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: 2023

1. Corporate ID No. 000509599

2. Name of Corporation Edesia, Inc.

3. State of Incorporation

State: DE

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
624230

4. Principal Office Address

No. and Street: 550 ROMANO VINEYARD WAY

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 Country: USA

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

EXCLUSIVELY FOR CHARITABLE PURPOSES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	NAVYN SALEM	41 NAYATT ROAD BARRINGTON, RI 02806 USA
TREASURER	BRIAN OFARRELL	550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852 USA
SECRETARY	CAROLINE OGWOSKI	550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	LYNN UTTER	550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852 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**

NAVYN SALEM 41 NAYATT ROAD BARRINGTON , RI 02806

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

Signed this 7 Day of February, 2023 at 3:42:32 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 BRIAN P. OFARRELL
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved