



**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: 2023

1. Corporate ID No. 000093598

2. Name of Corporation Pride in Aging RI

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: 1665 BROAD ST

City or Town: CRANSTON State: RI Zip: 02905 Country: USA

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

TO EMPOWER OLDER LESBIANS AND GAY MEN TO TAKE PART IN DECISION
MAKING
THAT EFFECTS THEIR LIVES AND INFLUENCE SOCIAL POLICIES.

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	CATHERINE M GORMAN	28 ROBERTA AVENUE PAWTUCKET, RI 02860 USA
TREASURER	SHAUN COURNOYER	183 GLEN RD WOONSOCKET, RI 02895 USA
SECRETARY	SARAH DECATALDO	37 DELWAY RD CRANSTON, RI 02910 USA
DIRECTOR	CATHY GORMAN	28 ROBERTA AVE PAWTUCKET, RI 02860 USA
DIRECTOR	ROBERT O'NEIL	16 WASHBUM AVE RUMFORD, RI 02916 USA
DIRECTOR	SARAH DECATALDO	37 DELWAY ROAD CRANSTON, RI 02910 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

SHAUN COURNOYER 183 GLEN ROAD WOONSOCKET , RI 02895

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

Signed this 13 Day of April, 2023 at 10:47:26 AM 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 SHAUN COURNOYER
Signature of Authorized Person

Form No. 631
Revised 09/07

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