



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 10 2023 STAMP

BY

| | | | | | |
|---|-------|---|---------------------|--------------------------|---------------------|
| 1. Entity ID Number 000082828 | | 2. Exact name of the Corporation Friends of the Peck Center for Adult Enrichment, Inc. | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Provides fundraising and financial support to the Peck Center For Adult Enrichment. | | | |
| 4. NAICS Code 624120-Services For Eld | | | | | |
| 6. Principal Office Address 281 County Road | | City Barrington | | State RI | Zip 02806 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| President Name See Attached | | | Vice-President Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| 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 <input checked="" type="checkbox"/> | | | | | |
| Director Name See Attached | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | |
| Name of Officer/Authorized Representative James A. Jackson/Secretary | | | | Date 4/19/2023 | |
| Signature of Officer/Authorized Representative <i>James A. Jackson</i> | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

ID 82828

| NAME | Title | TERM EXP. | ADDRESS | HOME PHONE | CELL PHONE | E-MAIL |
|--------------------|-----------|-----------|---|--------------|--------------|---------------------------|
| HILLEGASS, RONALD | President | | 53 Jennys Lane Barrington, RI 02806 | 401-245-0366 | | ronhilleg@aol.com |
| WOOD, Craig | Treasurer | | 266 Scituate Ave - Unit A-5 Cranston, RI 02921 | | 401-374-7746 | craigwd916@aol.com |
| Jackson, James | Secretary | | 8 Fireside Drive Barrington, RI 02806 | 401-245-2256 | | jackson7@msn.com |
| CARRICK, Gerald W. | Director | | 15 Arvin Ave., Barrington, RI 02806 | 401-245-1394 | | gerrycarrick@verizon.net |
| CUBBAGE, Moyne | Director | | 63 Teed Ave., Barrington, RI 02806 | 401-245-4641 | | moynecubbage@aol.com |
| PRIMIANO, Janice | Director | | 15 Driscoll Lane Barrington, RI 02806 | 401-245-7555 | | sprimiano@fullchannel.net |
| GOLDBERGER, Kathy | Director | | 8 Arnold Street, Barrington, RI 02809 | 401-245-2804 | | kgoldberger@cox.net |
| ANDERSON, Mudge | Director | | 75 Markwood Drive Barrington, RI 02806 | 401-245-7534 | | philmudge@cox.net |

Director of Senior Services: Michele Geremia

W: 401-247-1926

mgeremia@barrington.ri.gov

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