State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

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 - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 000153022

2. Name of Corporation Quaker Estates of Portsmouth III, Inc.

3. State of Incorporation

State: RI

NAICS CODE

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
624229

4. Principal Office Address

No. and Street: 2368 EAST MAIN ROAD
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

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

TO PROVIDE ELDERLY PERSONS WITH HOUSING FACILITIES AND SERVICES ESPECIALLY DESIGNED TO MEETE THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS

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
TREASURER	ALLISON SERINA	34 DOROTHY AVENUE PORTSMOUTH, RI 02871 USA
SECRETARY	RACHEL KELLEY	5 ELAINE AVENUE PORTSMOUTH, RI 02871 USA
DIRECTOR	JON RICHMOND	2628 EAST MAIN ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	RACHEL KELLEY	5 ELAINE AVENUE PORTSMOUTH, RI 02871 USA
DIRECTOR	ALLISON SERINA	34 DOROTHY AVENUE PORTSMOUTH, RI 02871 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

DREW P. KAPLAN, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

Signed this 4 Day of August, 2023 at 12:42:10 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 MICHAEL J PACKARD
Signature of Authorized Person

Form No. 631
Revised 09/07