



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <u>000541650</u>		2. Exact name of the Corporation <u>Living Supplies Closet, Inc.</u> 2023 OCT -4 A 9:54	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To inspire the people of Westerly to make a difference in the lives of their neighbors through financial generosity and volunteer commitment</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>Christ Church, 7 Elm Street</u>		City <u>Westerly</u>	State <u>RI</u> Zip <u>02891</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Fred Allardye</u>		Vice-President Name <u>N/A</u>	
Street Address <u>33 Pasadena Ave</u>		Street Address	
City <u>Westerly</u>	State <u>RI</u>	City	State Zip
Secretary Name <u>David Wolf</u>		Treasurer Name <u>Katherine Hoxsie</u>	
Street Address <u>347 Lantern Hill Rd</u>		Street Address <u>38 Fenner Lane</u>	
City <u>Mystic</u>	State <u>CT</u>	City <u>Stonington</u>	State <u>CT</u> Zip <u>06378</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input checked="" type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
City	State	City	State
City	State	City	State
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Fred A. Allardye, President</u>			Date <u>10/2/23</u>
Signature of Officer/Authorized Representative <u>Fred A. Allardye</u>			

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

OCT 04 2023 9:55am

BY LHS VMME FORM 631- Revised 04/2023

**The Officers and Directors of the Corporation:**

Title	Individual Name	Address
PRESIDENT	FRED A ALLARDYCE	33 PASADENA AVE WESTERLY, RI 02891 USA
TREASURER	KATHERINE W HOXSIE	38 FENNER LANE STONINGTON, CT 06378 USA
SECRETARY	DAVID NOLF	347 LANTERN HILL RD MYSTIC, CT 06355 USA
DIRECTOR	DAVID NOLF	347 LANTERN HILL RD MYSTIC, CT 06355 USA
DIRECTOR	FRED A ALLARDYCE	33 PASADENA AVENUE WESTERLY, RI 02891 USA
DIRECTOR	KATHERINE W HOXSIE	38 FENNER LANE STONINGTON, CT 06378 USA
DIRECTOR	MARION LEDDY	6 ORLEANS CT WESTERLY, RI 02891 USA
DIRECTOR	KURUVILLA K. CHANDY	7 ELM STREET WESTERLY, RI 02891 USA