



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Annual Report for the year: 2024

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.

1. Entity ID Number 32510		2. Exact name of the Corporation Bristol Home for Aged Women			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Making grants to worthy organizations in Rhode Island			
4. NAICS Code 813211					
6. Principal Office Address 36 Burton Street			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karen Santolupo			Vice-President Name Gail Feathers		
Street Address 36 Burton Street			Street Address 4 Matthew Ct		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Secretary Name Grace Steere			Treasurer Name Marcia Bosworth		
Street Address 341 Thames Street, Unit 303			Street Address 923 Hope St. Apt. B		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nancy Grandgeorge			Director Name Candace Alessandro		
Street Address 12 Fern Drive			Street Address 254 Hope Street		
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809
Director Name Peggy Desmarais			Director Name Adria Sartrys		
Street Address 67 Fox Hill Avenue			Street Address 36 Dewolf Ave.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Karen Santolupo					Date 1/26/2024
Signature of Officer/Authorized Representative 					FILED

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

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BY ML 74546