



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000036532

2. Name of Corporation Friends of The Glen Manor House

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

813920

4. Principal Office Address

No. and Street: 3 FRANK COELHO DRIVE

P.O. BOX 502

City or Town: PORTSMOUTH

State: RI Zip: 02871 Country: USA

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

PROMOTING THE HISTORIC PRESERVATION AND RESTORATION OF THE GLEN MANOR, INCLUDING FUNDRAISING FOR SUCH PURPOSE

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	BRENDA DORAN	78 CHURCH LN PORTSMOUTH, RI 02871 USA
TREASURER	BARBARA CHASE	31 MACOMBER PORTSMOUTH, RI 02871 USA
SECRETARY	KAREN MENEZES	271 FERRY LANDING PORTSMOUTH, RI 02871 USA
DIRECTOR	COLEEN RAPOSA	51 PEGGY LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	BRENDA DORAN	78 CHURCH PORTSMOUTH, RI 02871 USA
DIRECTOR	BARBARA CHASE	31 MACOMBER LN 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

BARBARA CHASE 3 FRANK COELHO DRIVE P.O. BOX 502 PORTSMOUTH , RI 02871

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 February, 2024 at 5:10:59 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 BARBARA G. CHASE
Signature of Authorized Person

Form No. 631
Revised 09/07

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