



**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.** 001748061

**2. Name of Corporation** Phoenix Odyssey, 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

813319

**4. Principal Office Address**

No. and Street: 615 JEFFERSON BLVD B107

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

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

THE SPECIFIC PURPOSE OR PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE:

PHOENIX ODYSSEY'S PURPOSE IS TO CREATE A COMMUNITY OF PEOPLE, WHO HAD BEEN

JUSTICE INVOLVED, TO BUILD COLLABORATIONS WITH BUSINESSES, PROVIDE MENTORSHIP

PROGRAMS FOR THE FORMERLY INCARCERATED, AND THEIR FAMILIES, AND TO PROVIDE

SUPPORTIVE SERVICES, INCLUDING TRAINING IN ORGANIZATIONAL SKILLS, GOAL SETTING, PHYSICAL FITNESS, NUTRITION, AND MENTAL HEALTH COUNSELING TO FACILITATE SUCCESSFUL RE-ENTRY TO THEIR COMMUNITIES.

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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------------|--|--|
| INCORPORATOR  | MICHAEL AARONSON                               | 1604 BROAD STREET<br>CRANSTON, RI 02905 US                 |
| OTHER OFFICER | KATHLEEN A. CARTY                              | 615 JEFFERSON BLVD B107<br>WARWICK, RI 02886 UNI           |
| DIRECTOR      | KATHLEEN CARTY                                 | 304 WARWICK NECK AVE<br>WARWICK, RI 02889 US               |
| DIRECTOR      | KATHY WYLLIE                                   | 3 FIR GLADE DRIVE<br>WARWICK , RI 02886 US                 |
| DIRECTOR      | KRISTEN MARIE LOPES                            | 16 GREY COACH WEST<br>CRANSTON, RI 02921 US                |
| DIRECTOR      | JENNIFER ROCHA                                 | 3 LAUREN DRIVE<br>SEEKONK, MA 02771 US                     |

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

KATHLEEN A. CARTY 615 JEFFERSON BLVD., BUILDING B UNIT 107 WARWICK , RI 02886

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

Signed this 14 Day of February, 2024 at 8:39:48 AM 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 KATHLEEN A. CARTY  
Signature of Authorized Person

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