



**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. 000031119

2. Name of Corporation Edward King House Senior Center, 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

624120

4. Principal Office Address

No. and Street: 35 KING STREET

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

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

THE EDWARD KING HOUSE SENIOR CENTER WAS ORGANIZED AND OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES. THE CENTER WAS FORMED TO SERVE THE RECREATIONAL, INTELLECTUAL, SOCIAL, PHYSICAL, AND HEALTH NEEDS OF SENIOR CITIZENS, PRIMARILY AGE 50 AND OVER, ON AQUIDNECK ISLAND (RHODE ISLAND). IT HAS ESTABLISHED A SERVICE CENTER TO PROVIDE INFORMATION, REFERRAL, AND COUNSELING SERVICES RELATING TO HEALTH CARE, HOUSING, EDUCATION, FINANCES, AND EMPLOYMENT. MOREOVER, THE CENTER PROVIDES RECREATIONAL/SOCIAL/COGNITIVE

ACTIVITIES UNIQUELY SUITED TO THE NEEDS OF THE SENIOR POPULATION.
MEMBERSHIP IN THE ORGANIZATION IS NOT NECESSARY IN ORDER TO OBTAIN
SERVICES OR PARTICIPATE IN ITS ACTIVITIES.

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 BACHMAN | 7 APTHORP AVENUE NEWPORT, RI 02840 USA |
| TREASURER | TERESA THOMPSON | 189 HAMPTON WAY WAKEFIELD, RI 02879 USA |
| SECRETARY | SHARON MELLO | 3 ADMIRALTY DR #12 MIDDLETOWN, RI 02842 USA |
| VICE PRESIDENT | PHILIP SARDELLA | 328 BROADWAY #1 NEWPORT, RI 02840 USA |
| DIRECTOR | MARY ANNE COEN | 87 GIRARD AVE APT 202 NEWPORT, RI 02840 USA |
| DIRECTOR | FEDERICO SANTI | 152 SPRING STREET NEWPORT, RI 02840 USA |
| DIRECTOR | SUSAN OHAMA | 10 ANTHONY STREET #2 NEWPORT, RI 02840 USA |
| DIRECTOR | MARY JO CARR | 25 CRANSTON AVE NEWPORT, RI 02840 USA |
| DIRECTOR | MAUREEN MOONEY | 97 NARRAGANSETT AVE M2 NEWPORT, RI 02840 USA |
| DIRECTOR | RUTH THUMBTZEN | 517 SPRING ST NEWPORT, RI 02840 USA |
| DIRECTOR | JUDI TISDALL | 198 GIBBS AVENUE NEWPORT, RI 02840 USA |
| DIRECTOR | BARBARA PETERS | 4 RED CROSS AVENUE NEWPORT, RI 02840 USA |
| DIRECTOR | KATHLEEN CONNELL | 15 SACHUEST DRIVE MIDDLETOWN, RI 02842 USA |
| DIRECTOR | KATHY MACKNIGHT | 4 HOFFMAN PLACE NEWPORT, RI 02840 USA |
| DIRECTOR | MARY ELLEN HALLAM | 1 COMMERCIAL WHARF #1 NEWPORT, RI 02840 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

MANSFIELD A. LYON 35 KING STREET NEWPORT , RI 02840

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

Signed this 5 Day of March, 2024 at 5:04:49 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 CARMELA A GEER
Signature of Authorized Person

Form No. 631
Revised 09/07

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