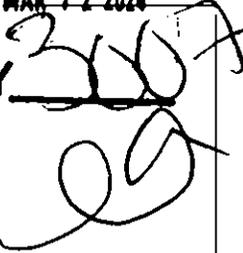


FILED

MAR 12 2024

BY 



**State of Rhode Island
Department of State - Business Services Division**

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 000027796 | | 2. Exact name of the Corporation North Kingstown Senior Association, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To assist in providing social and recreational activities for persons 55 years and older. | | | |
| 4. NAICS Code 81329 Other grantmaking | | | | | |
| 6. Principal Office Address 44 Beach Street | | | City North Kingstown | State RI | Zip 02852 |
| 7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Paula Morrissey | | | Vice-President Name Christine Kosak | | |
| Street Address 646 Annaquatucket Rd. | | | Street Address 450 West Allenton Rd. | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Janice Triggiano | | | Treasurer Name Craig Delfino | | |
| Street Address 220 Butternut Drive | | | Street Address 7630 Post Rd. | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| 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 Paula Morrissey | | | Director Name Christine Kosak | | |
| Street Address 646 Annaquatucket Rd. | | | Street Address 450 West Allenton Rd. | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Director Name Craig Delfino | | | Director Name | | |
| Street Address 7630 Post Rd. | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | City | State | Zip |
| 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 Janice Triggiano | | | | Date Feb. 25, 2024 | |
| Signature of Officer/Authorized Representative  | | | | | |

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