



State of Rhode Island
Department of State - Business Services Division

FILED

APR 01 2024

BY *1148*
*00***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 000087317		2. Exact name of the Corporation PAWTUCKET SENIOR CITIZENS COUNCIL			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHARITABLE PURPOSES, ADVOCATING FOR THE WELFARE, SAFETY, HEALTH ISSUES AND WELL BEING FOR SENIOR CITIZENS.			
4. NAICS Code 624120					
6. Principal Office Address 420 MAIN ST			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BETH ROBERGE			Vice-President Name PAULA MCALOON		
Street Address 105 PARK ST #B102			Street Address 39 RUTH STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02861
Secretary Name MARIA GOLD			Treasurer Name DAVONA FULLER		
Street Address 770 NEWPORT AVENUE			Street Address 70 TALLY STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
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 FRANCIS BOYD			Director Name EDNA COOPER		
Street Address 175 BROAD ST #A11			Street Address 1 WOOD HAVEN ROAD		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02861
Director Name RAYMOND DUBORD			Director Name		
Street Address 27 PEARSON AVENUE			Street Address		
City PAWUTCKET	State RI	Zip 02860	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 BETH ROBERGE				Date 3/27/2024	
Signature of Officer/Authorized Representative <i>Beth Roberge</i>					

MAIL TO:

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