



State of Rhode Island
Department of State - Business Services Division

FILED

APR 01 2024

BY

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 <u>000026496</u>		2. Exact name of the Corporation <u>NARRAGANSETT Senior Citizen Assoc.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Social Senior Citizen Assoc</u>			
4. NAICS Code <u>813910</u>					
6. Principal Office Address <u>53 Mumford Rd.</u>		City <u>NARRAGANSETT</u>		State <u>RI</u>	Zip <u>02882</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Ruth Cooper</u>			Vice-President Name <u>GLORIA DiPrete</u>		
Street Address <u>25 Palm Beach Rd.</u>			Street Address <u>11 Twinleaf TRAIL</u>		
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>
Secretary Name <u>Shirley Gallagher</u>			Treasurer Name <u>Sally Cooper</u>		
Street Address <u>5 Saltaire Ave.</u>			Street Address <u>61 Oak Ave.</u>		
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>
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 <u>Ann Koteln</u>			Director Name <u>GLORIA Weller</u>		
Street Address <u>22 Beach St</u>			Street Address <u>52 Bolen DR.</u>		
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>Kingston</u>	State <u>RI</u>	Zip <u>02881</u>
Director Name <u>SALLY COOPER</u>			Director Name		
Street Address <u>61 Oak Ave</u>			Street Address		
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>RUTH L. COOPER</u>					Date <u>3/29/2024</u>
Signature of Officer/Authorized Representative <u>Ruth L. Cooper</u>					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov