



**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.** 001695153

**2. Name of Corporation** Just Aphasia Stroke Knowledge Just A.S.K.

**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: P.O. BOX 193

City or Town: FISKEVILLE State: RI Zip: 02823 Country: USA

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

TO PROVIDE INDIVIDUALS CAREGIVERS AND STAKEHOLDERS A WAY TO  
CONNECT SUPPORT AND SHARE RESOURCES SPECIFICALLY BUT NOT  
EXCLUSIVELY TO APHASIA EXCLUSIVELY FOR EDUCATION AND CHARITABLE  
PURPOSES WITH IN THE MEANING OF SECTION 501C3 OF THE INTERNAL  
REVENUE CODE

**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
DIRECTOR	DEANNA KELLY	193 COMSTOCK PKWY CRANSTON, RI 02921 USA
DIRECTOR	KENNETH A. LOWELL	268 MAIN STREET HOPE , RI 02831 USA
DIRECTOR	PAMELA DEMELIM	80 CHURCH STREET PASCOAG, RI 02859 USA
DIRECTOR	ELAINE MCDONALD	268 MAIN ST HOPE, RI 02831 USA
DIRECTOR	KAIT MOSES	268 MAIN ST HOPE, RI 02831 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

DENISE LOWELL 268 MAIN STREET HOPE , RI 02831

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

Signed this 22 Day of April, 2024 at 12:45:00 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 DEANNA KELLY  
Signature of Authorized Person

Form No. 631  
Revised 09/07