



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

2024

**Annual Report for the year:
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.

REC'D RIBOS BSD
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1. Entity ID Number 000485286		2. Exact name of the Corporation Lifelong Learning Collaborative			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To offer lifelong learning opportunities to mature adults by means of classes and lectures, cultural events and other social activities.			
4. NAICS Code 813319					
6. Principal Office Address 39 Narragansett Street			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name SHEILA DEMING BRUSH			Vice-President Name JANICE GOLDEN		
Street Address 39 NARRAGANSETT STREET			Street Address 200 EXCHANGE STREET, UNIT 1213		
City NORTH	State RI	Zip 02852	City PROVIDENCE	State RI	Zip 02903BA
Secretary Name BARBARA SIMON			Treasurer Name RICHARD BRUSH		
Street Address 20 NEWMAN AVENUE			Street Address 39 NARRAGANSETT STREET		
City RUMFORD	State RI	Zip 02916	City NORTH	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 checked="" type="checkbox"/>					
Director Name LOIS KEMP			Director Name JOSEPH FISLER		
Street Address 16 LANTERN LANE			Street Address 34 LUZON AVENUE		
City BARRINGTON	State RI	Zip 02806	City PROVIDENCE	State RI	Zip 02906
Director Name SIDNEY OKASHIGE			Director Name EUGENE MIHALY		
Street Address 28 GREENFIELD STREET			Street Address 35 KNOWLES COURT, #104		
City CRANSTON	State RI	Zip 02920	City JAMESTOWN	State RI	Zip 02835
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative SHEILA DEMING BRUSH				Date 4/23/2024	
Signature of Officer/Authorized Representative <i>Sheila Deming Brush</i>			FILED		

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

APR 22 2024
BY ML 2515

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LIFELONG LEARNING COLLABORATIVE
ID NUMBER: 000485286

DIRECTORS (CONTINUED)

DIANA GRADY
52 MUNSEY AVENUE
SWANSEA, MA 02777

ART NORWALK
231 FOURTH STREET
PROVIDENCE, RI 02906

MARK GUYER
125 LLOYD AVENUE
PROVIDENCE, RI 02906

DAVID HANSEN
121 LYMAN STREET
PAWTUCKET, RI 02860

DENNIS FLAVIN
1 REGENCY PLAZA, #100R
PROVIDENCE, RI 02903

NICKERSON MILES
9 CHAPIN ROAD
BARRINGTON, RI 02806

CELENE HEALY
137 HERITAGE DRIVE
EAST GREENWICH, RI 02818

PATRICIA NICKLES
57 HAVERHILL AVENUE
NORTH KINGSTOWN, RI 02852

LINDA SHAMOON
200 EXCHANGE STREET, APT 117
PROVIDENCE, RI 02903

KATHY WEBSTER
1 CEDAR MEADOWS DRIVE
SMITHFIELD, RI 02917

MICHAEL WEBSTER
1 CEDAR MEADOWS DRIVE
SMITHFIELD, RI 02917