



**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.** 000057268

**2. Name of Corporation** Rhode Island Association of Facilities and Services for the Aging

**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

813990

**4. Principal Office Address**

No. and Street: 400 MASSASOIT AVENUE  
SUITE 300B

City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

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

ESTABLISH & PROMOTE EFFICIENCY & COOPERATION BETWEEN NON-PROFIT HOMES FOR THE AGING.

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT      | STEPHANIE IGOE                                 | 111 S. ANGELL ST.<br>PROVIDENCE, RI 02906 USA              |
| TREASURER      | PAT MCASSEY                                    | 1 CATHEDRAL SQUARE<br>PROVIDENCE, RI 02903 USA             |
| SECRETARY      | STEPHANIE DYER                                 | 385 FRUIT HILL ROAD<br>NORTH PROVIDENCE, RI 02911 USA      |
| DIRECTOR       | RICHARD GAMACHE                                | 40 IRVING AVENUE<br>EAST PROVIDENCE, RI 02914 USA          |
| VICE PRESIDENT | COLETTE SILVERMAN                              | 1811 BROAD ST.<br>CRANSTON, RI 02905 USA                   |
| DIRECTOR       | MICHAELA MCKAY                                 | 500 WATERFRONT DR.<br>EAST PROVIDENCE, RI 02914 USA        |
| DIRECTOR       | ELLEN GRIZZETTI                                | 25 BRAYTON AVENUE<br>CRANSTON, RI 02920 USA                |
| DIRECTOR       | MATTHEW TRIMBLE                                | 1 SAINT ELIZABETH WAY<br>EAST GREENWICH, RI 02818 USA      |

**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**

JAMES NYBERG 400 MASSASOIT AVENUE SUITE 113 EAST PROVIDENCE , RI 02914

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

**Signed this 25 Day of April, 2024 at 1:00:30 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 JAMES P. NYBERG  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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