| | State of Rhode | | Fee: \$20.00 | |
|---|--|--------------------------|---------------------------------------|--|
| | Office of the Secreta | • | | |
| | Division Of Business 148 W. River S | | | |
| | Providence RI 0290 | | | |
| 7636 | (401) 222-304 | | | |
| Non-Profit Corporation Annual Report Filing Period: February 1 - May | 1 | | | |
| In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00. | | | | |
| ANNUAL REPORT YEAR - EN | TER THE CURRENT YEAR 2 | 024 : <u>2024</u> | | |
| 1. Corporate ID No. 000030920 | | | | |
| 2. Name of Corporation <u>THE SAMARITANS, INC.</u> | | | | |
| 3. State of Incorporation | | | | |
| State: <u>RI</u> | | | | |
| 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 <u>click here.</u> | | | | |
| NAICS Code | | | | |
| <u>624230</u> | | | | |
| 4. Principal Office Address | | | | |
| No. and Street: 67 PAR | | | | |
| <u>071711</u> | <u>RK PLACE</u> <u>UCKET</u> State: <u>RI</u> | Zip: <u>02860</u> | Country: <u>USA</u> | |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island | | | | |
| SUICIDE PREVENTION AND EDUCATION CENTER. | | | | |
| 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 | | ddress n, State, Zip Code, Country | |

| PRESIDENT | MEREDITH HAMPTON | 19 SENEXET ROAD WOODSTOCK, CT 06281 USA | |
|----------------|-----------------------|---|--|
| TREASURER | MARILYN DORSEY | 31 DONALD LEWIS DR. SEEKONK, MA 02771 USA | |
| SECRETARY | IRENE OGAREK | 10 MACLAINE DRIVE NORTH PROVIDENCE, RI 02904 USA | |
| VICE PRESIDENT | JOSEPH TAVARES | 2283 DIVISION ROAD EAST GREENWICH, RI 02818 USA | |
| DIRECTOR | EVERETT DANA CARVALHO | 175 CAMP ST. APT 2 PROVIDENCE, RI 02906 USA | |
| DIRECTOR | ALFRED L. GRANT | 23 MASSAPEAG POINT RD. MONTVILLE, CT 06382 USA | |
| DIRECTOR | KENNETH WALSH | 115 BAILEY BLVD. EAST GREENWICH, RI 02818 USA | |
| DIRECTOR | ANN MCCARTHY | 20 NEWMAN AVENUE #3407 RUMFORD, RI 02916 USA | |
| DIRECTOR | ELSA CAMPOS | 185 MONTGOMERY AVENUE PROVIDENCE, RI 02905 USA | |
| DIRECTOR | JOHN M. LACROSS | 10 WESTWOOD LANE BARRINGTON, RI 02806 USA | |
| DIRECTOR | RUI P. ALVES ESQ. | 112 WALNUT ROAD BARRINGTON , RI 02806 USA | |
| DIRECTOR | BRYAN S. GANLEY | 7 PRENDA LANE BRISTOL, RI 02809 USA | |
| DIRECTOR | NICOLE COGGINS | 26 RAYMOND DRIVE CUMBERLAND, RI 02864 USA | |
| DIRECTOR | TERESA CHOPOORIAN RN | 1564 LONSDALE AVENUE LINCOLN, RI 02865 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

RUI P. ALVES, ESQ. ONE FINANCIAL PLAZA, 18TH FLOOR PROVIDENCE , RI 02903

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

Signed this 30 Day of April, 2024 at 2:37:33 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 <u>RUIP. ALVES</u> Signature of Authorized Person Form No. 631 Revised 09/07

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