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Department of State - Business Services Division

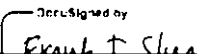
Annual Report for the year: 2024

## 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 000128713		2. Exact name of the Corporation Saugatucket Springs, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROVIDE ELDERLY PERSONS WITH HOUSING FACILITIES AND SERVICES. Title 7-6			
4. NAICS Code 624120					
6. Principal Office Address 861A Broad Street			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Frank T. Shea			Vice-President Name Vicky Walters		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Kristin DeKuiper			Treasurer Name Kristin DeKuiper		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Maghnee Gomes			Director Name Peter Lau		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Michelle Brophy			Director Name Larry Kellam		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Frank T. Shea, President</b>					Date 7/9/2024
Signature of Officer/Authorized Representative 					

FILED

MAIL TO: 1405FRASFAAM424

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised 04/2023