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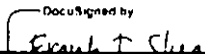


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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) Check the box to indicate an attachment <input type="checkbox"/>					
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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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.					
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.					
<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 Frank T. Shea, President				Date 7/9/2024	
Signature of Officer/Authorized Representative 					

MAIL TO: LACDF BAS 44494
 Division of Business Services
 148 W River Street, Providence Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUL 12 2024
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 FORM 631- Rev sed 04/2023