



State of Rhode Island  
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.

REC'D RIDGOS BSD  
24 SEP 20 PM 4:28:55

1. Entity ID Number 001699588		2. Exact name of the Corporation Rhode Island Memory Cafes, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A nonprofit organization that provides services to individuals living with dementia and their care partners. The events are free to attend providing socialization, engagement, and education through educated volunteers.			
4. NAICS Code 624190					
6. Principal Office Address 70 Turner St Unit 3B			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Laurie Gunter Mantz			Vice-President Name		
Street Address 70 Turner St 3B			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Debra D. Krohn			Director Name Harold Gadon		
Street Address 18 Sullivan Ln.			Street Address 51 Tupelo Hill Rd		
City Bristol	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Director Name Deborah Burton			Director Name		
Street Address 174 William Henry Rd			Street Address		
City Scituate	State RI	Zip 02920	City	State	Zip
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>Laurie G Mantz</b>				Date <b>9/19/2024</b>	
Signature of Officer/Authorized Representative 					

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

SEP 20 2024

BY AKR7X

4:32