



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2021

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 <b>001699588</b>		2. Exact name of the Corporation <b>Rhode Island Memory Cafes, Inc</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>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.</b>			
4 NAICS Code <b>624190</b>					
6. Principal Office Address <b>70 Turner St Unit 3B</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Laurie Gunter Mantz</b>			Vice-President Name		
Street Address <b>70 Turner St 3B</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	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 <b>Debra D. Krohn</b>			Director Name <b>Harold Gadon</b>		
Street Address <b>18 Sullivan Ln.</b>			Street Address <b>51 Tupelo Hill Rd</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>Deborah Burton</b>			Director Name		
Street Address <b>174 William Henry Rd</b>			Street Address		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02920</b>	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 			<b>FILED</b>		

MAIL TO:  
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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