



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JAN 10 PM 4:07:27

Annual Report for the year: 2025
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 138995		2. Exact name of the Corporation Rhode Island Senior Olympics, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A fitness program for Seniors thru education and sports competitions.	
4. NAICS Code 813319			
6. Principal Office Address 11 Lincoln Meadows Drive		City Lincoln	State RI
		Zip 02865	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David Belhumeur		Vice-President Name Mike Lyons	
Street Address 11 Lincoln Meadows Drive		Street Address 67 Mechanic St. #319	
City Lincoln	State RI	City Attleboro	State MA
Zip 02865		Zip 02703	
Secretary Name Jane Headley		Treasurer Name Tom Arcangeli	
Street Address 1160 Curtis Corner Rd.		Street Address 289 Biscuit City Rd.	
City Wakefield	State RI	City Kingston	State RI
Zip 02879		Zip 02881	
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 David Belhumeur		Director Name Jane Headley	
Street Address 11 Lincoln Meadows Dr.		Street Address 1160 Curtis Corner Rd.	
City Lincoln	State RI	City Wakefield	State RI
Zip 02865		Zip 02879	
Director Name Tom Arcangeli		Director Name Chuck Cavicchio	
Street Address 289 Biscuit City Rd.		Street Address 107 Old River Rd. #113	
City Kingston	State RI	City Lincoln	State RI
Zip 02881		Zip 02865	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative David A. Belhumeur, President			Date 01/10/25
Signature of Officer/Authorized Representative David A. Belhumeur			

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

FILED

JAN 10 2025

BY **NQWP2**

FORM 631- Revised: 12/2023