



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001696208

2. Name of Corporation RI Elder Info

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813311

4. Principal Office Address

No. and Street: 70 ROMANO VINEYARD WAY
SUITE 111

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. SPECIFIC PURPOSE IS TO PROVIDE EDUCATIONAL MATERIALS AND RESOURCES TO SENIOR CITIZENS SO THEY CAN MAINTAIN THEIR INDEPENDENCE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JUDY FORTIER	6 LEAR DR COVENTRY, RI 02816 USA
TREASURER	MARIE MARTIN	20 GEORGIA AVE N. KINGSTOWN, RI 02852 USA
SECRETARY	VICTORIA OCONNOR	91 E. MANNING ST APT2 PROVIDENCE, RI 02906 USA
DIRECTOR	SAL SAUCO	35 CROMPTON RD EAST GREENWICH, RI 02818 USA
DIRECTOR	STEPHANIE GIANGRANDE CULHANE	6 BRENTWOOD DR JOHNSTON, RI 02919 USA
DIRECTOR	PAUL JONES	70 HOMESTEAD AVENUE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	SAMANTHA MCCARTHY JARVIS, ESQ	461 MAIN STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	SUZANNE CALDEIRA	245 ROCKY HILL RD REHOBETH, MA 02769 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DEBORAH BURTON 174 WILLIAM HENRY RD NORTH SCITUATE , RI 02857

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of February, 2025 at 11:53:16 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DEBORAH BURTON
Signature of Authorized Person

Form No. 631
Revised 09/07