



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. 000031621

2. Name of Corporation Portsmouth Multi-Purpose Senior Center, Inc.

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
624120

4. Principal Office Address

No. and Street: 110 BRISTOL FERRY ROAD
PO BOX 202

City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

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

SOCIAL, RECREATIONAL AND EDUCATIONAL SENIOR SERVICES

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MARGARET RATTAY MRS	28 CROMWELL DRIVE PORTSMOUTH, RI 02871 USA
TREASURER	HELEN MATHIEU MS	14 SCOTTY DRIVE PORTSMOUTH, RI 02871 USA
SECRETARY	SHARLENE PATTON	12 FOURTH ST PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	GARY GUMP MR.	37 AQUIDNECK AVE PORTSMOUTH, RI 02871 USA
DIRECTOR	RUTH COSTA MRS	14 SCOTTY DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	ROBERT J HAMILTON MR	543 PARK AVE PORTSMOUTH, RI 02871 USA
DIRECTOR	MELANIE MCGRATH MS	191 FERRY LANDING CIRCLE PORTSMOUTH, RI 02871 USA
DIRECTOR	KAREN GLEASON MRS	63 MASSASOIT AVE PORTSMOUTH, RI 02871 USA
DIRECTOR	DONNA MACOMBER MRS	314 RIVERSIDE ST PORTSMOUTH, RI 02871 USA
DIRECTOR	CYNTHIA KONIECKI MS	45 ALAN ST TIVERTON, RI 02878 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**

CYNTHIA J. KONIECKI 110 BRISTOL FERRY ROAD P.O. BOX 202 PORTSMOUTH , RI 02871

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

Signed this 20 Day of February, 2025 at 11:04:29 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 CYNTHIA J KONIECKI
Signature of Authorized Person

Form No. 631
Revised 09/07