



State of Rhode Island  
Department of State - Business Services Division

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.

FILED

FEB 24 2025

BY

1341 R

1. Entity ID Number 000026496		2. Exact name of the Corporation Narragansett Senior Citizens Assoc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social Senior Citizen Association			
4. NAICS Code 813910					
6. Principal Office Address 53 Mumford Road			City Narragansett	State RI	Zip 02882
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Margo Matheson			Vice-President Name Patricia Beaushemin		
Street Address 914 Boston Neck Road			Street Address 75 Baltimore Ave.		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Karen Hawkins			Treasurer Name Shirley Plante		
Street Address 23 Hopkins Lane			Street Address 200 Clarke Road A201		
City Peacedale	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
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 Anne Kotch			Director Name Gloria Willer		
Street Address 22 Beach St			Street Address 52 Bolen Dr.		
City Narragansett	State RI	Zip 02882	City Kingston	State RI	Zip 02881
Director Name Charles S. Costello			Director Name		
Street Address 200 Clarke Rd A201			Street Address		
City Narragansett	State RI	Zip 02882	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>Shirley Plante</b>				Date <b>2/20/2025</b>	
Signature of Officer/Authorized Representative <i>Shirley Plante</i>					

MAIL TO:

Division of Business Services

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