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.

1. Entity ID Number	2. Exact name of the Corporation
001681946	Good Samaritan Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To help members of the Club in time of Sorrow, Happiness
4. NAICS Code: 813219	

6. Principal Office Address	City	State	Zip
46 Gray Street	Providence	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Augustine Satu			Vice-President Name: Beatrice Dorley		
Street Address: 46 Gray Street			Street Address: 14 Lee ave		
City: Providence	State: RI	Zip: 02909	City: N Providence	State: RI	Zip: 02904
Secretary Name: Emma Stewart			Treasurer Name: Emma Stewart		
Street Address: 46 Gray Street			Street Address: 46 Gray Street		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Bernie Sumo			Director Name: Richard Amborg		
Street Address: 46 Gray Street			Street Address: 182 Sterling Street		
City: Prov	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02907
Director Name: Tinkon Kaibiar			Director Name:		
Street Address: 43 Clifford Street			Street Address: N/A		
City: Pawtucket	State: RI	Zip: 02909	City:	State:	Zip:

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	FILED	Date
Augustine Satu	APR X 1 2025	4/1/25
Signature of Officer/Authorized Representative: Augustine Satu	BY	

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

FORM 631- Revised 12/2023