



**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.** 000788378

**2. Name of Corporation** Stand Down Housing Westerly, 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

624229

**4. Principal Office Address**

No. and Street: 1010 HARTFORD AVENUE

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

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

TO PROVIDE ELDERLY OR DISABLED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL, AND PSYCHOLOGICAL NEEDS AND TO PROMOTE THEIR HEALTH, SECURITY, HAPPINESS AND USEFULNESS IN LONGER LIVING, THE CHARGES FOR SUCH FACILITIES AND SERVICES TO BE PREDICATED UPON THE PROVISIONS, MAINTENANCE AND OPERATION THEREOF ON A NONPROFIT BASIS

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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | ANTHONY DEQUATTRO                              | 20 BALLOU STREET<br>CUMBERLAND, RI 02864 USA               |
| TREASURER | JENNIFER R SALISBURY                           | 639 BOSTON NECK ROAD<br>NORTH KINGSTOWN, RI 02852 USA      |
| SECRETARY | RICHARD LEVESQUE                               | 18 PERRIN STREET<br>ATTLEBORO, MA 02703 USA                |
| DIRECTOR  | MICHAEL PREVITY                                | 89 KERSEY ROAD<br>WAKEFIELD, RI 02879 USA                  |
| DIRECTOR  | DANIEL ISSA                                    | 1140 LONDSDALE<br>AVENUE, RI 02863 USA                     |
| DIRECTOR  | MICHAEL BOUTIETTE                              | 137 NEWELL AVENUE<br>PAWTUCKET, RI 02860 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

ERIK B WALLIN ESQ 1010 HARTFORD AVENUE JOHNSTON , RI 02919

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

Signed this 3 Day of April, 2025 at 10:42:04 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 ERIK WALLIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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