RI SOS Filing Number: 202570910130 Date: 4/17/2025 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2024 **Non-Profit Corporation**

Filing period: February 1 - May 1

→ Penalty: Additional \$25.00 fee if t	form is not filed by	May 31.					
1. Entity ID Number		of the Corporation					
1-15/1/00)	AUXILIUM	<u> </u>					
State of Incorporation	1		er of business conducted in Rhode Isl				
RI		The Corporation provides health and wellness, educational and social					
4. NAICS Code	•		siding in properties owned a	and managed	by the		
813990	West Warwi	West Warwick Housing Authority.					
6. Principal Office Address			City	State	Zip		
62 Robert Street			West Warwick	RI	02893		
7. List ALL officers (names and add				e box to indicate an al	ttachment 🗸		
President Name Stephen O'Rou			Vice-President Name Kelly Conn	elly			
Street Address 62 Robert Street			Street Address 62 Robert Stre	Street Address 62 Robert Street			
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	^{Z_{ip}} 02893		
Secretary Name Lisa Castelland			Treasurer Name Kristin Osberg	Treasurer Name Kristin Osberg			
Street Address 62 Robert Street			Street Address 62 Robert Street	et			
^{City} West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	Zip 02893		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment.							
Director Name Kelly Connelly			Director Name Stephen O'Rou				
Street Address 62 Robert Street				Street Address 62 Robert Street			
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	Zip 02893		
Director Name Lisa Castellanos			Director Name Kristin Osberg				
Street Address 62 Robert Stree			Street Address 62 Robert Street				
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	Z _{ip} 02893		
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.							
		Secretary, Assistant Sec	cretary, Treasurer, duly Authonzed Representat	T	ž.		
Name of Officer/Authorized Represe				Date // C o			
Stephen O'Rourke	4-8-2	5					
Signature of Officer/Authorized Representative Complete Complete Representative Signature of Officer/Authorized Representative Complete Complete Representative Complet							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

ADDITIONAL DIRECTORS FOR AUXILIUM

Thomas Zampa 62 Robert Street West Warwick, RI 02893