



**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.** 000031119

**2. Name of Corporation** Edward King House 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: 35 KING STREET  
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

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

THE EDWARD KING HOUSE SENIOR CENTER WAS ORGANIZED AND OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES. THE CENTER WAS FORMED TO SERVE THE RECREATIONAL, INTELLECTUAL, SOCIAL, PHYSICAL, AND HEALTH NEEDS OF SENIOR CITIZENS, PRIMARILY AGE 50 AND OVER, ON AQUIDNECK ISLAND (RHODE ISLAND). IT HAS ESTABLISHED A SERVICE CENTER TO PROVIDE INFORMATION, REFERRAL, AND COUNSELING SERVICES RELATING TO HEALTH CARE, HOUSING, EDUCATION, FINANCES, AND EMPLOYMENT. MOREOVER, THE CENTER PROVIDES RECREATIONAL/SOCIAL/COGNITIVE

ACTIVITIES UNIQUELY SUITED TO THE NEEDS OF THE SENIOR POPULATION. MEMBERSHIP IN THE ORGANIZATION IS NOT NECESSARY IN ORDER TO OBTAIN SERVICES OR PARTICIPATE IN ITS ACTIVITIES.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BRENDA BACHMAN	7 APTHORP AVENUE NEWPORT, RI 02840 USA
TREASURER	TERESA THOMPSON	189 HAMPTON WAY WAKEFIELD, RI 02879 USA
SECRETARY	SHARON MELLO	3 ADMIRALTY DR #12 MIDDLETOWN, RI 02842 USA
VICE PRESIDENT	PHILIP SARDELLA	328 BROADWAY #1 NEWPORT, RI 02840 USA
DIRECTOR	MARY ANNE COEN	87 GIRARD AVE APT 202 NEWPORT, RI 02840 USA
DIRECTOR	SUSAN OHAMA	10 ANTHONY STREET #2 NEWPORT, RI 02840 USA
DIRECTOR	MARY JO CARR	25 CRANSTON AVE NEWPORT, RI 02840 USA
DIRECTOR	MAUREEN MOONEY	97 NARRAGANSETT AVE M2 NEWPORT, RI 02840 USA
DIRECTOR	JUDI TISDALL	198 GIBBS AVENUE NEWPORT, RI 02840 USA
DIRECTOR	BARBARA PETERS	4 RED CROSS AVENUE NEWPORT, RI 02840 USA
DIRECTOR	KATHLEEN CONNELL	15 SACHUEST DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	KATHY MACKNIGHT	4 HOFFMAN PLACE NEWPORT, RI 02840 USA
DIRECTOR	MARY ELLEN HALLAM	1 COMMERCIAL WHARF #1 NEWPORT, RI 02840 USA
DIRECTOR	KATHERINE BRANDEIS	24 HOUSTON AVENUE NEWPORT , RI 02840 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**

MARYJO CARR 25 CRANSTON AVE NEWPORT , RI 02840

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

**Signed this 30 Day of April, 2025 at 12:08:56 PM 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 EDWARD KING HOUSE SENIOR CENTER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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