RI SOS Filing Number: 202572403720 Date: 4/28/2025 5:30:00 PM



## State of Rhode Island

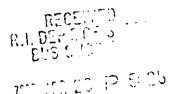
## **Department of State - Business Services Division**

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					
000849375	FRIENDS OF GEORGE, INC.				
State of Incorporation	Brief description of the character of business conducted in Rhode Island     to provide scholarship and financial assistance for both deviopmentally				
4. NAICS Code	and severly physically disabled individusals and related activities				
624230					
6. Principal Office Address			City	State	Zip
23 Cutler Court			Portsmouth	RI	20871
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name ANTHONY G. KUTSAFTIS			Vice-President Name		
Street Address 152 KAY STREET			Street Address		
City NEWPORT	State RI	<sup>Zip</sup> 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name ANTHONY G. KUTSAFTIS			Director Name CONNIE KUTSAFTIS		
Street Address 152 KAY STREET			Street Address 23 CUTLER COURT		
City NEWPORT	State RI	<sup>Zıp</sup> 02840	City PORTSMOUTH	State RI	<sup>Zip</sup> 02871
Director Name JOSEPH J. NIC	HOLSON, JR	Director Name			
Street Address 37 RED CROSS AVE.			Street Address		
City NEWPORT	State RI	<sup>Zip</sup> 02840	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  CONNIE KUTSAFTIS				Date 4-17-25	
Signature of Officer/Authorized Representative FILED					
MAIL TO:	- Journal		ADD 0.000F	500	

**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