



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.

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 R.I. DEPT. OF STATE
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1. Entity ID Number 000849375		2. Exact name of the Corporation FRIENDS OF GEORGE, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to provide scholarship and financial assistance for both developmentally and severely physically disabled individuals and related activities			
4. NAICS Code 624230					
6. Principal Office Address 23 Cutler Court			City Portsmouth	State RI	Zip 20871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY G. KUTSAFTIS			Vice-President Name		
Street Address 152 KAY STREET			Street Address		
City NEWPORT	State RI	Zip 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 <input type="checkbox"/>					
Director Name ANTHONY G. KUTSAFTIS			Director Name CONNIE KUTSAFTIS		
Street Address 152 KAY STREET			Street Address 23 CUTLER COURT		
City NEWPORT	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
Director Name JOSEPH J. NICHOLSON, JR.			Director Name		
Street Address 37 RED CROSS AVE.			Street Address		
City NEWPORT	State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative CONNIE KUTSAFTIS					Date 4-17-25
Signature of Officer/Authorized Representative <i>Connie Kutsaftis</i>					FILED

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

APR 28 2025

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BY *H BEWY*
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