



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year: 2022**

**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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 BUS. SVCS. DIV.

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|  |                    |   |  |                    |                        |
|--|--------------------|---|--|--------------------|------------------------|
| 1. Entity ID Number<br><b>000849375</b>  |                    | 2. Exact name of the Corporation<br><b>FRIENDS OF GEORGE, INC.</b>  |  |                    |                        |
| 3. State of Incorporation<br><b>RI</b>   |                    | 5. Brief description of the character of business conducted in Rhode Island<br>to provide scholarship and financial assistance for both developmentally and severely physically disabled individuals and related activities |  |                    |                        |
| 4. NAICS Code<br><b>624230</b>   |                    |   |  |                    |                        |
| 6. Principal Office Address<br><b>23 Cutler Court</b>  |                    |   | City<br><b>Portsmouth</b>                | State<br><b>RI</b> | Zip<br><b>20871</b>    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |  |                    |                        |
| President Name<br><b>ANTHONY G. KUTSAFTIS</b>  |                    |   | Vice-President Name                      |                    |                        |
| Street Address<br><b>152 KAY STREET</b>  |                    |   | Street Address                           |                    |                        |
| City<br><b>NEWPORT</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>   | 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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |   |  |                    |                        |
| Director Name<br><b>ANTHONY G. KUTSAFTIS</b>   |                    |   | Director Name<br><b>CONNIE KUTSAFTIS</b> |                    |                        |
| Street Address<br><b>152 KAY STREET</b>  |                    |   | Street Address<br><b>23 CUTLER COURT</b> |                    |                        |
| City<br><b>NEWPORT</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>   | City<br><b>PORTSMOUTH.</b>               | State<br><b>RI</b> | Zip<br><b>02871</b>    |
| Director Name<br><b>JOSEPH J. NICHOLSON, JR.</b>   |                    |   | Director Name                            |                    |                        |
| Street Address<br><b>37 RED CROSS AVE.</b>   |                    |   | Street Address                           |                    |                        |
| City<br><b>NEWPORT</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>   | City                                     | State              | Zip                    |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                    |   |  |                    |                        |
| <b>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.</b>        |                    |   |  |                    |                        |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>                                  |                    |   |  |                    |                        |
| Name of Officer/Authorized Representative<br><b>CONNIE KUTSAFTIS</b>   |                    |   |  |                    | Date<br><b>4-17-25</b> |
| Signature of Officer/Authorized Representative<br><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

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