



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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.
APR 28 2025

| | | | | | |
|--|-------------|---|-----------------------------------|-------------|-----------------|
| 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. | | | | | |
| 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 | | | | | |

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

FILED

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BY

FORM 631- Revised: 12/2023