RI SOS Filing Number: 202572923930 Date: 5/8/2025 4:00:00 PM

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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

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→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.	-				
1. Entity ID Number	2. Exact name of the Corporation						
000485286	Lifelong Learning Collaborative						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	To offer lifelong learning opportunities to mature adults by means of						
4. NAICS Code	classes and lectures, cultural events and other social activities.						
813319							
6. Principal Office Address	al Office Address			State	Zip		
39 Narragansett Street	Narragansett Street			RI	02852		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Sheila Deming Brush			Vice-President Name Linda Shamoon				
Street Address 39 Narragansett Street			Street Address 200 Exchange St, Apt 1117				
City North Kingstown	State RI	^{Zip} 02852	City Providence	State RI	Zip 02903		
Secretary Name Ruth Mills			Treasurer Name Eugene Mihaly				
Street Address 85 New Street			Street Address 35 Knowles Ct #104				
^{City} Woonsocket	State RI	^{Zip} 02895	^{City} Jamestown	State RI	Zip 02835		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Lois Kemp			Director Name Joseph Fisler				
Street Address 16 Lantern Lane			Street Address 34 Luzon Avenue				
City Barrington	State RI	^{Zip} 02806	Cay Providence	State RI	Zip 02906		
Director Name Susan Baugh			Director Name Donna Kerner				
Street Address 412 Angell St, Apt 2			Street Address 74 11th Street				
^{City} Providence	State RI	^{Zip} 02906	City Providence	State RI	Zip 02906		
9. The Registered Agent information of record with the Rt 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				Date			
Sheila Deming Brush				4/30/2025			
Signature of Officer/Authorized Representative FRED							
			FRED				

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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NON-PROFIT CORPORATION ANNUAL REPORT 2025 -- CONTINUATION PAGE LIFELONG LEARNING COLLABORATIVE

ID NUMBER: 000485286

DIRECTORS (CONTINUED)

DIANA GRADY 52 MUNSEY AVENUE SWANSEA, MA 02777

JOSEPH PETTERUTI 50 LLOYD AVENUE PROVIDENCE, RI 02906

ART NORWALK
231 FOURTH STREET
PROVIDENCE, RI 02906

MARK GUYER
125 LLOYD AVENUE
PROVIDENCE, RI 02906

DAVID HANSEN 121 LYMAN STREET PAWTUCKET, RI 02860

DENNIS FLAVIN 1 REGENCY PLAZA, #100R PROVIDENCE, RI 02903

NICKERSON MILES 9 CHAPIN ROAD BARRINGTON, RI 02806

CELENE HEALY 137 HERITAGE DRIVE EAST GREENWICH, RI 02818

PATRICIA NICKLES
57 HAVERHILL AVENUE
NORTH KINGSTOWN, RI 02852

NANCY MADDOCKS
7 COPPER KETTLE LANE
BARRINGTON, RI 02806

KATHY WEBSTER
1 CEDAR MEADOWS DRIVE
SMITHFIELD, RI 02917

MICHAEL WEBSTER 1 CEDAR MEADOWS DRIVE SMITHFIELD, RI 02917