



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 000554255

**2. Name of Corporation** Safer Institute

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624230

**4. Principal Office Address**

No. and Street: 310 NEW RIVER RD

City or Town: MANVILLE

State: RI

Zip: 02838

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO ASSIST GOVERNMENTAL AND NON-GOVERNMENTAL EMERGENCY AND  
PUBLIC HEALTH ENTITIES

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER FUCCI	310 NEW RIVER RD MANVILLE, RI 02839 USA
DIRECTOR	LOUIS ANTHONY CIRILLO MD	91 WOODRIDGE DRIVE SAUNDERSTOWN, RI 02874 USA
DIRECTOR	ROBERT CRAUSMAN	31 ELBOW ST PROVIDENCE, RI 02903 USA
DIRECTOR	JENNIFER LAFORGE	400 NEW RIVER RD LINCOLN, RI 02838 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PETER FUCCI 310 NEW RIVER ROAD MANVILLE , RI 02838

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 17 Day of July, 2025 at 8:50:30 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PETER J FUCCI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2025 State of Rhode Island  
All Rights Reserved