



**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. 001766101

2. Name of Corporation ALAMA FUND INC

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

624190

4. Principal Office Address

No. and Street: 1441 WARWICK AVENUE

City or Town: WARWICK

State: RI

Zip: 02888

Country: US

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

ALAMA REJUVENATES AND DEVELOPS PROGRAMS AND RESOURCES FOR AGING
ADULTS TO
ENJOY FULFILLING AND ACTIVE

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	CATHAL BROWN	1441 WARWICK AVENUE WARWICK, RI 02888 US
DIRECTOR	CATHAL BROWN	58 EDGEMERE AVE WARWICK, RI 02889 US
DIRECTOR	ALEXANDRA DEBORAH COOK	106 CLINTON AVE WARWICK, RI 02886 US
DIRECTOR	SIMON KOGAIN	812 MEMORIAL DRIVE, APT. 1509 CAMBRIDGE, MA 02139 US

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

CATHAL BROWN 1441 WARWICK AVENUE WARWICK , RI 02888

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

Signed this 15 Day of August, 2025 at 12:30:20 PM 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 SIMON KOGAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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