



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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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1. Entity ID Number <u>001765323</u>		2. Exact name of the Corporation <u>Captains Charities</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>charity for health programs for children and seniors</u>	
4. NAICS Code <u>813390</u>			
6. Principal Office Address <u>75 Redwood Rd</u>		City <u>Patterson</u>	State <u>RI</u> Zip <u>02871</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>William Calhoun</u>		Vice-President Name <u>Chelsea Noel</u>	
Street Address <u>75 Redwood Rd</u>		Street Address <u>75 Redwood Rd</u>	
City <u>Patterson</u>	State <u>RI</u>	City <u>Patterson</u>	State <u>RI</u> Zip <u>02871</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Marcus Calhoun</u>		Director Name <u>Chelsea Noel</u>	
Street Address <u>57 Col. Christopher Green Rd</u>		Street Address <u>75 Redwood Rd</u>	
City <u>Patterson</u>	State <u>RI</u>	City <u>Patterson</u>	State <u>RI</u> Zip <u>02871</u>
Director Name <u>William Calhoun</u>		Director Name	
Street Address <u>75 Redwood Rd</u>		Street Address	
City <u>Patterson</u>	State <u>RI</u>	City	State
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 <u>William Calhoun</u>			Date <u>8/27/25</u>
Signature of Officer/Authorized Representative <u>William Calhoun</u>			

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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FORM 631- Revised: 12/2023