



**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. 000074152

2. Name of Corporation Survivor Connections, 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

813319

4. Principal Office Address

No. and Street: 204 SAYLES AVE

City or Town: PASCOAG

State: RI

Zip: 02859

Country: USA

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

TO ASSIST PERSONS WHO ARE SEXUALLY ABUSED OR AFFECTED BY SEXUAL ABUSE.

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
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANCIS LOUIS FITZPATRICK	204 SAYLES AVE PASCOAG, RI 02859 USA
SECRETARY	SARA J FITZPATRICK	204 SAYLES AVE PASCOAG, RI 02859 USA
DIRECTOR	PHYLLIS HUTNAK	PO BOX 489 CAROLINA, RI 02812 USA
DIRECTOR	FRANCIS L FITZPATRICK	204 SAYLES AVE PASCOAG, RI 02859 USA
DIRECTOR	SARA J FITZPATRICK	204 SAYLES AVE PASCOAG, RI 02859 USA
DIRECTOR	JANET R BLYTHE	617 LITTLE RIVER PATH THE VILLAGES, FL 32162 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

FRANCIS L. FITZPATRICK 52 LYNDON ROAD CRANSTON , RI 02905

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 September, 2025 at 4:45:41 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 FRANCIS L FITZPATRICK
Signature of Authorized Person

Form No. 631
Revised 09/07

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