RI SOS Filing Number: 202214254330 Date: 4/1/2022 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

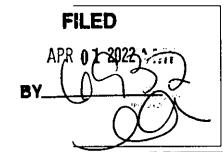
Annual Report for the year: Non-Profit Corporation

2022

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Corporation				
000030241	The Townsend Aid for the Aged				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	To give financial aid to worthy persons over 60 years of age who need				
4. NAICS Code	assistance rather than support				
624120 - Services for Elderly a					
6. Principal Office Address	incipal Office Address			State	Zip
c/o Gina Autieri, 26 Crest Rd			Tiverton	RI	02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Caroline Kaull			Vice-President Name Susan Kelchner		
Street Address 43 Benedict Avenue			Street Address 100 Robin Road		
City Portsmouth	State RI	^{Zip} 02871	City Portsmouth	State RI	^{Zip} 02871
Secretary Name Mary Lou Chase			Treasurer Name Gina Autieri		
Street Address 54 Valley Lane			Street Address 26 Crest Road		
^{City} Portsmouth	State RI	^{Zip} 02871	^{City} Tiverton	State RI	^{Zip} 02878
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Lorrie Burns			Director Name Norey Cullen		
Street Address 25 Cottontail Drive			Street Address 11 Redwood Street		
^{City} Portsmouth	State RI	^{Zip} 02871	City Newport	State RI	^{Zip} 02840
Director Name Mary Martland			Director Name Vance Gatchell		
Street Address 64 Bluejay Street			Street Address 46 Division Street		
^{City} Tiverton	State RI	^{Zip} 02878	^{City} Newport	State RI	^{Zip} 02840
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				Date	
Gina Autieri				3/30/22	
Signature of Officer/Authorized Representative Milk p Mi Ger len i					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov The Townsend Aid for the Aged

Corporate ID: 30241

2022 Annual Report

FILED

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Continuance of Directors:

Julie Kaull 65 Sunrise Drive Portsmouth, RI 02871

Joan Macomber 34 Macomber Lane Portsmouth, RI 02871

Janet Palmer 13 Summer Street Newport, RI 02840

Margaret Clark 385 Water Street Portsmouth, RI 02871 Jenny Williams 468 Water Street Portsmouth, RI 02871

Gloria Rosser 85 Maize Corn Road Portsmouth, RI 02871

Ann Gizzi 44 Mohawk Drive Portsmouth, RI 02871

Jan Campbell 43 Toppa Boulevard Newport, RI 02840