



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2023
 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.

RECEIVED
 RI DEPT. OF STATE
 BUSINESS SERVICES

2023 MAR 10 P 12:58

1. Entity ID Number 32510		2. Exact name of the Corporation Bristol Home for Aged Women	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Making grants to worthy charitable organizations in Rhode Island	
4. NAICS Code 813211 - Grantmaking Found			
6. Principal Office Address 36 Burton Street		City Bristol	State RI
		Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Karen Santolupo		Vice-President Name Betty Gilbert	
Street Address 36 Burton Street		Street Address 1030 Hope Street	
City Bristol	State RI	Zip 02809	City 1030 Hope Street
			State RI
			Zip 02809
Secretary Name Grace Steere		Treasurer Name Marcia Bosworth	
Street Address 341 Thames Street, Unit 303		Street Address 24 Hope Street	
City Bristol	State RI	Zip 02809	City Bristol
			State RI
			Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Anne Archibald		Director Name Candace Alessandro	
Street Address 36 Sunset Road		Street Address 254 Hope Street	
City Bristol	State RI	Zip 02809	City Bristol
			State RI
			Zip 02809
Director Name Peggy Desmarais		Director Name	
Street Address 67 Fox Hill Avenue		Street Address	
City Bristol	State RI	Zip 02809	City
			State
			Zip
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Karen Santolupo			Date 3/8/2023
Signature of Officer/Authorized Representative 			

FILED

1:00
 MAR 10 2023
 BY MC CEZPR