



**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: 2023

1. Corporate ID No. 000028127

2. Name of Corporation Nina Lynette Home

3. State of Incorporation

State: RI

ARTICLE III

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
623110

4. Principal Office Address

No. and Street: 87 WASHINGTON STREET
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

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

ENACTED BY THE GENERAL ASSEMBLY JANUARY SESSION 1905 OPERATING A HOME FOR THE AGED.

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	AUDREY GRIMES	44 EVERETT STREET NEWPORT, RI 02840 USA
TREASURER	KEN CASTIGLIA	25 WILLOW STREET NEWPORT, RI 02840 USA
SECRETARY	ELLEN LEYS	45 HOMER STREET NEWPORT, RI 02840 USA
VICE PRESIDENT	EDWINA SEBEST	23 OLD BEACH ROAD NEWPORT, RI 02840 USA
DIRECTOR	AUDREY GRIMES	44 EVERETT ST NEWPORT, RI 02840 USA
DIRECTOR	MARY JO CARR	25 CRANSTON STREET NEWPORT, RI 02840 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

MATTHEW H. LEYS 43-B MEMORIAL BOULEVARD NEWPORT , RI 02840

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

Signed this 3 Day of April, 2023 at 9:38:38 AM 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 MARYJO CARR
Signature of Authorized Person

Form No. 631
Revised 09/07

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