



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  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 APR -5 P 4:26

1. Entity ID Number <b>000543813</b>		2. Exact name of the Corporation <b>ROGERS HOME INC</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>EDUCATION IN RECOVERY</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address <b>70 FOSTER SHELDON</b>		City <b>WAKEFIELD</b>	State <b>RI</b>
		Zip <b>02879</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MILTON ROGERS</b>		Vice-President Name <b>KEITH JACKSON</b>	
Street Address <b>70 FOSTER SHELDON RD</b>		Street Address <b>60 FELSMERE AVE</b>	
City <b>WAKEFIELD</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02875</b>		Zip <b>02875</b>	
Secretary Name <b>REBECCA DUKIN</b>		Treasurer Name <b>CHRISTINE ANDERSON</b>	
Street Address <b>378 OCEAN RD</b>		Street Address <b>87 KNOWLES ST</b>	
City <b>NARRAGANSETT</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02900</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Joseph Fuller</b>		Director Name <b>Philip WEINSTEIN</b>	
Street Address <b>20 HAMILTON DR</b>		Street Address <b>93 RIVER RD</b>	
City <b>EAST GREENWICH</b>	State <b>RI</b>	City <b>WESTPORT</b>	State <b>MA</b>
Zip <b>02818</b>		Zip <b>02970</b>	
Director Name <b>MILTON ROGERS</b>		Director Name	
Street Address <b>70 FOSTER SHELDON</b>		Street Address	
City <b>WAKEFIELD</b>	State <b>RI</b>	City	State
Zip <b>02879</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>MILTON ROGERS III</b>		<b>FILED 426</b>	Date <b>4/5/23</b>
Signature of Officer/Authorized Representative 		<b>APR 05 2023</b>	
		<b>BY AQ387</b>	