



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
 Non-Profit Corporation

APR 06 2023

BY

- 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 601730603		2. Exact name of the Corporation AUXILIUM			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The Corporation provides health and wellness, educational and social programs for residents residing in properties owned and managed by the West Warwick Housing Authority.			
4. NAICS Code 813990					
6. Principal Office Address 62 Robert Street			City West Warwick	State RI	Zip 02983
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Stephen O'Rourke			Vice-President Name Kelly Connelly		
Street Address 62 Robert Street			Street Address 62 Robert Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02983
Secretary Name Lisa Castellanos			Treasurer Name Kristin Osberg		
Street Address 62 Robert Street			Street Address 62 Robert Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Kelly Connelly			Director Name Stephen O'Rourke		
Street Address 62 Robert Street			Street Address 62 Robert Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Lisa Castellanos			Director Name Kristin Osberg		
Street Address 62 Robert Street			Street Address 62 Robert Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Michelle Bergin				Date 4-4-23	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JO 00173003

ADDITIONAL DIRECTORS FOR AUXILIUM

Thomas Zampa
62 Robert Street
West Warwick, RI 02893

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