



State of Rhode Island  
**Department of State - Business Services Division**

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.

**FILED**  
 APR 06 2023  
 BY *[Signature]*

1. Entity ID Number <b>000030241</b>		2. Exact name of the Corporation <b>The Townsend Aid for the Aged</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To give financial aid to worthy persons over 60 years of age who need assistance rather than support</b>	
4. NAICS Code <b>624120</b>			
6. Principal Office Address <b>c/o Gina Autieri, 26 Crest Road</b>		City <b>Tiverton</b>	State <b>RI</b>
		Zip <b>02878</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>Caroline Kaull</b>		Vice-President Name <b>Susan Kelchner</b>	
Street Address <b>43 Benedict Avenue</b>		Street Address <b>100 Robin Road</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02871</b>	
Secretary Name <b>Mary Lou Chase</b>		Treasurer Name <b>Gina Autieri</b>	
Street Address <b>54 Valley Lane</b>		Street Address <b>26 Crest Road</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Tiverton</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02878</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name <b>Lorrie Burns</b>		Director Name <b>Norey Cullen</b>	
Street Address <b>25 Cottontail Drive</b>		Street Address <b>11 Redwood Street</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02840</b>	
Director Name <b>Mary Martland</b>		Director Name <b>Vance Gatchell</b>	
Street Address <b>64 Bluejay Street</b>		Street Address <b>46 Division Street</b>	
City <b>Tiverton</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02878</b>		Zip <b>02840</b>	
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>			
<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 <b>Gina Autieri</b>			Date <b>4/3/23</b>
Signature of Officer/Authorized Representative <i>Gina Autieri</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

