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

**Annual Report for the year: 2024**

**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.

1. Entity ID Number <b>32510</b>		2. Exact name of the Corporation <b>Bristol Home for Aged Women</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Making grants to worthy organizations in Rhode Island</b>			
4. NAICS Code <b>813211</b>					
6. Principal Office Address <b>36 Burton Street</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</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>Karen Santolupo</b>			Vice-President Name <b>Gail Feathers</b>		
Street Address <b>36 Burton Street</b>			Street Address <b>4 Matthew Ct</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Grace Steere</b>			Treasurer Name <b>Marcia Bosworth</b>		
Street Address <b>341 Thames Street, Unit 303</b>			Street Address <b>923 Hope St. Apt. B</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</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 type="checkbox"/></span>					
Director Name <b>Nancy Grandgeorge</b>			Director Name <b>Candace Alessandro</b>		
Street Address <b>12 Fern Drive</b>			Street Address <b>254 Hope Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>Peggy Desmarais</b>			Director Name <b>Adria Sartrys</b>		
Street Address <b>67 Fox Hill Avenue</b>			Street Address <b>36 Dewolf Ave.</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</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>					
<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>Karen Santolupo</b>					Date <b>1/26/2024</b>
Signature of Officer/Authorized Representative 					<b>FILED</b>

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

**FEB 01 2024**  
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