



State of Rhode Island
Department of State - Business Services Division

FILED

APR 18 2024

BY Y-41329

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 <u>173060</u> 87-0460739		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 02893	
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	City West Warwick	State RI
Zip 02893		Zip 02893	
Secretary Name Lisa Castellanos		Treasurer Name Kristin Osberg	
Street Address 62 Robert Street		Street Address 62 Robert Street	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		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 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	City West Warwick	State RI
Zip 02893		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	City West Warwick	State RI
Zip 02893		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Stephen J. O'Rourke			Date 3/4/24
Signature of Officer/Authorized Representative <i>Stephen J. O'Rourke</i>			

ADDITIONAL DIRECTORS FOR AUXILIUM

Thomas Zampa
62 Robert Street
West Warwick, RI 02893