



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

FILED

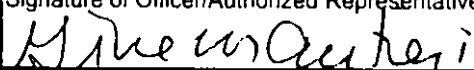
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BY 

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 000030241		2. Exact name of the Corporation The Townsend Aid for the Aged			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to give financial aid to worthy persons over 60 years of age who need assistane rather than support			
4. NAICS Code 624120					
6. Principal Office Address c/o Gina Autieri, 26 Crest Road			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan Kelchner			Vice-President Name Janet Palmer		
Street Address 100 Robin Road			Street Address 13 Summer Street		
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840
Secretary Name Mary Lou Chase			Treasurer Name Gina Autieri		
Street Address 54 Valley Lane			Street Address 26 Crest Road		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
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 Lorrie Burns			Director Name Norey Cullen		
Street Address 25 Cottontail Drive			Street Address 11 Redwood Street		
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840
Director Name Mary Martland			Director Name Vance Gatchell		
Street Address 64 Bluejay Street			Street Address 46 Division Street		
City Tiverton	State RI	Zip 02878	City Newport	State RI	Zip 02840
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 Gina Autieri				Date 4/17/24	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov