

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Rusiness Services (CANTONS DIV Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website! 5vww.sos.pl.gov 3: 04

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly. Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nar	me of the Corporation			:
000861095	Above &	Beyond Foundation	on		
3. State of Incorporation	4. Brief des	cription of the character of	f business conducted in Rhode Island		
,			at helps children raise money	for after so	chool activities
RI	such as	sports or tutoring.			
5. Principal office address			City	State	Zip 02860
123 East Street			Pawtucket	RI	UZ00U
LIST ALL OFFICERS (N	AMES AND ADDR	IESSES) ("X" BOX FOR		<u> </u>	
resident Name			Vice-President Name		
inda Tavares			Nickole Gaeta-Cooney		
treet Address			Street Address		
0 Greenwich Ave	• .		993 Pine Street		· · · · <u></u> .
ity	State	Zip	City	State	Zip
Varwick	RI	02886	Seekonk	MA	02771
ecretary Name			Treasurer Name		
Ioria Lambert			Helena T Peterson		
treet Address			Street Address		
23 East Street	* <u>.</u>		310 Vine Street		1 <u></u>
ity	State	Zip	City	State	Zip
awtucket	RI	02860	Pawtucket	RI	02861
irector Name inda Tavares reet Address			Director Name Nickole Gaeta-Cooney Street Address 993 Pine Street		
ity	State	Zip ·	City	State	Zip
/arwick	RI	02886	Seekonk	MA	02771
rector Name			Director Name		
loria Lambert			Helena Peterson		
reet Address			Street Address		
23 East Street			310 Vine Street		
ity	State	Zip	City	State	Zip
awtucket	RI	02860	Pawtucket	RI	02861
REGISTERED AGENT IN	RHODE ISLAND				
nis information is current	ly of record in the	e Office of the Secretary	y of State. Changes require filing For	m 641.	
is report must be signed by Trustee	y either the Preside	ent, Vice-President, Secr	etary, Assistant Secretary, Treasurer, du	uly Authorized	Representative, Receiver
		FILED	Under penalty of perjury, I dec this report, including any acc		
File Date		JUN 0 9 2015	and that all statements contai		
Check No		1	$\sqrt{1}$	F. [or Asi
Ву:	BY_	Cu 250514		<u>/ U. So</u> ed Represental	$\frac{1}{2}$ 5/34-
FOR SECRETARY OF STA	ATE USE ONLY	3:06	Helena T Peterson		

Form No. 631 Revised: 04/2014