

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS 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: www.2057ri.gov ~ 9 PM 3: 05

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	Exact name of the Corporation Above & Beyond Foundation					
000861095	ADOVE 0	: Deyona i ounda	III OII			
3. State of Incorporation			er of business conducted in Rhode Island			
RI	Non-profit Organization that helps children raise money for aft such as sports or tutoring.				ter school activitie	
Principal office address 23 East Street			City Pawtucket	State RI	Zip 02860	
. L ist <u>all</u> o fficers (Na	MES AND ADDR	RESSES) ("X" BOX F	OR ATTACHMENT)			
resident Name .inda Tavares treet Address			Vice-President Name Nickole Gaeta-Cooney Street Address			
0 Greenwich Ave			993 Pine Street			
Dity	State	Zip	City	State	Zip	
Varwick	RI	02886	Seekonk	MA	02771	
ecretary Name			Treasurer Name		į.	
Sloria Lambert			Helena T Peterson			
treet Address 23 East Street			Street Address 310 Vine Street			
ity	State	Zip	City	State	Zip	
awtucket	RI	02860	Pawtucket	RI	02861	
LIST <u>all</u> directors (N ("X" box for attachm	AMES AND ADD	PRESSES). RHODE IS	SLAND CORPORATIONS MUST LIST N	D LESS THAN	THREE (3) DIRE	
irector Name			Director Name			
inda Tavares			Nickole Gaeta-Cooney			
treet Address			Street Address			
0 Greenwich Ave			993 Pine Street			
ity	State	Zip	City	State	Zip	
Varwick	RI	02886	Seekonk	MA	02771	
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loria Lambert			Helena Peterson			
reet Address 23 East Street			Street Address 310 Vine Street			
ity	State	Zip	City	State	Zip	
awtucket	RI	02860	Pawtucket	RI	02861	
REGISTERED AGENT IN I						
his information is currently	of record in the	e Office of the Secret	ary of State. Changes require filing For	m 641.		
his report must be signed by Trustee	either the Preside	ent, Vice-President, Se	ecretary, Assistant Secretary, Treasurer, du	ly Authorized I	Representative, R	

File Date	FILED	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 berein are true and correct.
Check No	JUN 0 9 2015	VO 5-24 15
By:	a ameul	Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE USE ONBY	1/250014	
	3:05	Helena T Peterson

Form No. 631 Revised: 04/2014 Print or Type Name of Officer or Authorized Representative