



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 2017 SEP 29 PM 12:55

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 861095		2. Exact name of the Corporation <i>Above and Beyond Foundation</i>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>A non profit organization helping to provide funds for extra curricular activities, tutoring, and sports.</i>			
4. NAICS Code 813219					
6. Principal Office Address <i>123 East St</i>			City <i>Pawtucket</i>	State <i>RI</i>	Zip <i>02860</i>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <i>Gloria Lambert</i>			Vice-President Name <i>Nicole Gaeta</i>		
Street Address <i>123 East St</i>			Street Address <i>5 Springhouse Trail #102</i>		
City <i>Pawtucket</i>	State <i>RI</i>	Zip <i>02860</i>	City <i>Seekonk</i>	State <i>MA</i>	Zip <i>02771</i>
Secretary Name <i>Sara Birt</i>			Treasurer Name <i>Linda TAVARES</i>		
Street Address <i>75 Cyrus Ct</i>			Street Address <i>90 Greenwich Ave</i>		
City <i>West Kingston</i>	State <i>RI</i>	Zip <i>02892</i>	City <i>Warwick</i>	State <i>RI</i>	Zip <i>02886</i>
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 <i>Eric Moreau</i>			Director Name <i>Crystal Kane</i>		
Street Address <i>5 Blue Mist Dr</i>			Street Address <i>53 Euclid Ave</i>		
City <i>Manville</i>	State <i>RI</i>	Zip <i>02838</i>	City <i>Warwick</i>	State <i>RI</i>	Zip <i>02886</i>
Director Name <i>Leigh Estrella Honlett</i>			Director Name		
Street Address <i>302 Suffolk Ave</i>			Street Address		
City <i>Pawtucket</i>	State <i>RI</i>	Zip <i>02861</i>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 <i>Nicole Gaeta</i>				Date <i>9-29-17</i>	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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

SEP 29 2017

BY 313717 A.A.