



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

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1. Entity ID Number 0008101095		2. Exact name of the Corporation Above & Beyond Foundation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island non-profit that raises money by fundraising to help children pay for extra curriculum activities, afterschool programs, tutoring, school supplies	
4. NAICS Code 813211			
6. Principal Office Address 72 EAST ST		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name Gloria Lambert		Vice-President Name Moranda Lambert	
Street Address 123 EAST ST		Street Address 57 French St	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Angela Menard		Treasurer Name Eric Moreau	
Street Address 1568 Park River Ave		Street Address 5 Blue Mist Drive	
City Seekonk	State MA	City Marville	State RI
Zip 02771		Zip 02838	
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 Pete Maleda		Director Name Rehael Lambert	
Street Address 155 Laurel Ridge Lane		Street Address 67 Potter St	
City N. Kingston	State RI	City Pawtucket	State RI
Zip 0		Zip 02860	
Director Name Kelsey Polian		Director Name Lawrence Gosum	
Street Address 57 French St		Street Address 59 French St	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 [Signature]		Date 5-13-21	
Signature of Officer/Authorized Representative Moranda Lambert		FILED m	

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