



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
 Non-Profit Corporation

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

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

2021 MAY 25 A 11:46

1. Entity ID Number 000861095	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 <i>non-profit that raises money by fundraising to help children pay for extra curricular activities - After school programs, tutoring + school supplies.</i>
4. NAICS Code 813211	

6. Principal Office Address 72 East St	City Pawtucket	State RI	Zip 02860
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Gloria Lambert			Vice-President Name Minanda Lambert		
Street Address 123 East St			Street Address 57 French St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Angela Menard			Treasurer Name ERIC Morfau		
Street Address 1568 Fall River Ave			Street Address 5 Blue Mist Drive		
City Seekonk	State MA	Zip 02771	City Manville	State RI	Zip 02838

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name Kete Macedo			Director Name Richard Lambert		
Street Address 155 Laurel Ridge Lane			Street Address 678 Potter St		
City N. Kingston	State RI	Zip 	City Pawtucket	State RI	Zip 02860
Director Name Kelsey Pollan			Director Name Laurence Gorum		
Street Address 57 French St			Street Address 59 French St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative <i>[Signature]</i>	Date 5-13-21
Signature of Officer/Authorized Representative Minanda Lambert	

FILED

MAY 25 2021

BY CA AWH69

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