



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>156814</u>		2. Exact name of the Corporation <u>River Bend Athletic Club Charitable Foundation</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>fund raising for ACS and local charities</u>	
5. Principal Office Address <u>316 Columbia St.</u>		City <u>Wakefield</u>	State <u>RI</u>
		Zip <u>02879</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Kimberly A Rose</u>		Vice-President Name <u>Eric A Rose</u>	
Street Address <u>380 South Rd</u>		Street Address <u>38 East Hill Way</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
Secretary Name <u>Lisa Makin</u>		Treasurer Name <u>Lisa Makin</u>	
Street Address <u>33 Starr Dr. W. #5</u>		Street Address <u>→</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>→</u>	State <u>→</u>
Zip <u>02879</u>		Zip <u>→</u>	
7. 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 <u>Kimberly A Rose</u>		Director Name <u>Eric A Rose</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City <u>→</u>	State <u>→</u>	City <u>→</u>	State <u>→</u>
Zip <u>→</u>		Zip <u>→</u>	
Director Name <u>Lisa Makin</u>		Director Name <u>→</u>	
Street Address <u>same</u>		Street Address <u>→</u>	
City <u>→</u>	State <u>→</u>	City <u>→</u>	State <u>→</u>
Zip <u>→</u>		Zip <u>→</u>	
8. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>Kimberly A Rose</u>		Date <u>5-17-16</u>	
Signature of Officer/Authorized Representative <u>Kimberly A Rose</u>			

FILED

MAY 24 2016

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