



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 <b>156814</b>		2. Exact name of the Corporation <b>River Bend Athletic Club Charitable Foundation</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Health Club - fundraising for ACS &amp; local charities</b>	
4. NAICS Code <b>813910</b>			
6. Principal Office Address <b>316 Columbia Street</b>		City <b>Wakefield</b>	State <b>RI</b>
		Zip <b>02879</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Kimberly A Rose</b>		Vice-President Name <b>Eric A Rose</b>	
Street Address <b>380 South Rd</b>		Street Address <b>38 East Hill Way</b>	
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>
			State <b>RI</b>
			Zip <b>02879</b>
Secretary Name <b>Lisa Makin</b>		Treasurer Name <b>Lisa Makin</b>	
Street Address <b>33 Starr Drive W</b>		Street Address <b>7</b>	
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>→</b>
			State
			Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Kimberly A Rose</b>		Director Name <b>Eric A Rose</b>	
Street Address <b>Same</b>		Street Address <b>Same</b>	
City	State	Zip	City
			State
			Zip
Director Name <b>Lisa Makin</b>		Director Name	
Street Address <b>Same</b>		Street Address	
City	State	Zip	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.			
<b>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.</b>			
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 <b>Kimberly A Rose</b>			Date <b>5-26-17</b>
Signature of Officer/Authorized Representative <b>Kimberly A Rose</b>			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED**

MAY 30 2017

BY 1268 DS

FORM 631 - Revised: 05/2017