



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

Annual Report for the year: 2018
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

STAMP

1. Entity ID Number 1335633		2. Exact name of the Corporation Bristol Warren Thrive by Five and Beyond			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To maintain a coordinated network of collaborating partners to support families in their effort to help children become successful learners. Through access to health, educational and social services.			
4. NAICS Code 624110 - Child and Youth Ser					
6. Principal Office Address 101 Asylum Rd			City Bristol	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Emily Pearce-Spence			Vice-President Name Donna Ramos Razza		
Street Address 101			Street Address 70 Turner ave		
City Bristol	State RI	Zip 02809	City Riverside	State RI	Zip 02915
Secretary Name Sarah Bullard			Treasurer Name Beth Nitkin		
Street Address 50 Asylum Rd			Street Address 100 Bullock Pt. Ave		
City Warren	State RI	Zip 02885	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Leslie Anderson			Director Name Patricia Driscoll		
Street Address 151 State St			Street Address 70 West St		
City Bristol	State RI	Zip 02885	City Barrington	State RI	Zip 02806
Director Name Christine Marcoux			Director Name		
Street Address 19 Broadway			Street Address		
City Newport	State RI	Zip 02840	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.					
<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 Donna Ramos Razza					Date 6/13/18
Signature of Officer/Authorized Representative <i>Donna Ramos Razza</i>					FILED

FILED
JUN 18 2018
BY 1316 DS