



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 001687337

2. Name of Corporation BERNIE'S GIVING TREE

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813219

4. Corporate Address in Rhode Island

No. and Street: 1416 MAIN STREET

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO AID WOMEN WHO HAVE BREAST CANCER PAY FOR THEIR CO-PAYMENTS, BOTH MEDICAL AND PHARMACEUTICAL, TO HELP NEGOTIATE AND PAY BILLS FOR THE UNINSURED OR UNDERINSURED FOR MEDICAL NEEDS SUCH AS BUT NOT LIMITED TO DURABLE MEDICAL EQUIPMENT, PROSTHETICS, SPECIALIZED CLOTHING AND HAIR PIECES. WOMEN REQUIRING UNAFFORDABLE MEDICAL TESTING SUCH AS BUT NOT LIMITED TO BRACA I AND 2 TESTING NOT COVERED BY INSURANCE BUT NECESSARY TO DETERMINE LIFE SUSTAINING TREATMENT WOULD ALSO BENEFIT

FROM THE ORGANIZATION.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANGELA TETREAULT-SPERANZA	1416 MAIN STREET WEST WARWICK, RI 02893 USA
INCORPORATOR	RUSSELL SPERANZA	1416 MAIN STREET WEST WARWICK, RI 02893 USA
DIRECTOR	KAYLA MALTZ	23 PULASKI ST WESTW WARWICK, RI 02893 USA
DIRECTOR	ANGELA TETREAULT-SPERANZA	1416 MAIN STREET WEST WARWICK, RI 02893 USA
DIRECTOR	PAUL R TETREAULT	71 EPWORTH AVE WESTWARWICK, RI 02893 USA
DIRECTOR	ALI MALTZ	369 AGASSIZ ST BETHLEHEM, NH 03543 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANGELA TETREAULT-SPERANZA 1416 MAIN STREET WEST WARWICK , RI 02893

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

Signed this 27 Day of July, 2019 at 12:22:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANGELA TETREAULT- SPERANZA
Signature of Authorized Person

Form No. 631
Revised 09/07