

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



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

2019 AUG 23 P 4:04

Annual Report for the year: 2019
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 37792		2. Exact name of the Corporation Rhode Island Bandwagon, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Engage in the production and sale of recordings, proceeds of which will be donated to the RISPDA and RI Community Food Bank. Also, to provide coordinating and publicity efforts of other events that raise awareness of the plight of the needy.</i>			
4. NAICS Code 813319					
6. Principal Office Address 11 South Assell St., Suite 336		City Providence,	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Al Gomes		Vice-President Name Connie Watrous			
Street Address 347 Broadway, #3		Street Address 11 South Grove Ave.			
City Providence,	State RI	Zip 02909	City Warren,	State RI	Zip 02885
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. 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 Connie Watrous		Director Name Bob E. Giusti			
Street Address 11 South Grove Avenue		Street Address 1400 Smith St.			
City Warren,	State RI	Zip 02885	City No. Prov.	State RI	Zip 02911
Director Name Al Gomes		Director Name			
Street Address 347 Broadway, #3		Street Address			
City Providence	State RI	Zip 02909	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 Al Gomes				Date 8/23/19	
Signature of Officer/Authorized Representative 				FILED	