



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

Annual Report for the year: **2020**

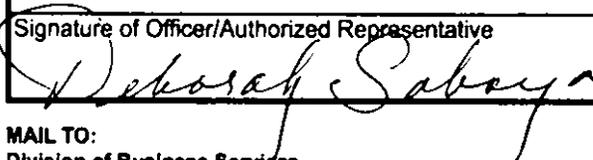
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

MAY 21 2020

BY 1055

| | | | | | |
|---|-----------------|---|---------------------------|--------------------------|---------------------|
| 1. Entity ID Number 674956 | | 2. Exact name of the Corporation Derrick Cazard Foundation | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island See attached. | | | |
| 4. NAICS Code 624190 - Other Individual and | | | | | |
| 6. Principal Office Address 35 Porters Lane | | | City Portsmouth | State RI | Zip 02871 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| President Name Darren Tseng | | Vice-President Name Deborah Saboya | | | |
| Street Address 16 Cumberland St. | | Street Address 35 Porters Lane | | | |
| City Boston | State MA | Zip 02115 | City Portsmouth | State RI | Zip 02871 |
| Secretary Name Kaitlin McFadden | | Treasurer Name Dante Branch | | | |
| Street Address 116 Mulpus Rd. | | Street Address 41 1/2 Warner St. | | | |
| City Lunenburg | State MA | Zip 01462 | City Newport | State RI | Zip 02840 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| Director Name Darren Tseng | | Director Name Deborah Saboya | | | |
| Street Address 16 Cumberland St. | | Street Address 35 Porters Lane | | | |
| City Boston | State MA | Zip 02115 | City Portsmouth | State RI | Zip 02871 |
| Director Name Kaitlin McFadden | | Director Name Dante Branch | | | |
| Street Address 116 Mulpus Rd. | | Street Address 41 1/2 Warner St. | | | |
| City Lunenburg | State MA | Zip 01462 | City Newport | State RI | Zip 02840 |
| 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 Deborah Saboya | | | | Date 5-12-2020 | |
| Signature of Officer/Authorized Representative  | | | | SIGN DOCUMENT HERE | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov