



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

Annual Report for the year: **2020**

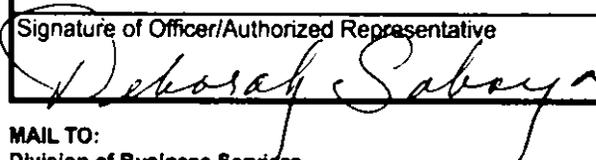
Non-Profit Corporation

- 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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov