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

FILED
JUN 23 2020
BY 0298 DS

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.

1. Entity ID Number	2. Exact name of the Corporation
000124259	BLUE BUS FOUNDATION,INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: BLUE BUS FOUNDATION SEEKS TO HELP ALL OVERCOME PERSONAL BARRIERS TO BECOME THE BEST THEY CAN BE, TO CONNECT TO AND IMPACT THE COMMUNITY AROUND THEM.
4. NAICS Code: 813219 - Other Grantmaki	

6. Principal Office Address	City	State	Zip
40 OAKLAND AVENUE	NORTH KINGSTOWN	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: TERI OHS			Vice-President Name: THOMAS GRENNAN		
Street Address: 40 OAKLAND AVENUE			Street Address: 51 JENKINS CT.		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: NORTH KINGSTOWN	State: RI	Zip: 02852
Secretary Name: MARGARET SKENYON			Treasurer Name: BRENDA RICCI		
Street Address: FINCH LANE			Street Address: 180 PLAIN RD.		
City: SAUNDERSTOWN	State: RI	Zip: 02852	City: NORTH KINGSTOWN	State: RI	Zip: 02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: TERI OHS			Director Name: THOMAS GRENNAN		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name: MARGARET SKENYON			Director Name: BRENDA RICCI		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City	State	Zip	City	State	Zip

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 64*.

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.

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

Name of Officer/Authorized Representative	Date
THOMASGRENNAN	06032020

Signature of Officer/Authorized Representative: Thomas Grenn

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

FORM 631 - Revised: 06/2019