RI SOS Filing Number: 202043197730 Date: 6/23/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

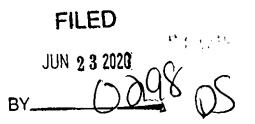
## **Department of State - Business Services Division**

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.



1. Entity ID Number	2 Exact name of	the Cornoration			•
000124259	2. Exact name of the Corporation BLUE BUS FOUNDATION,INC				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	BLUE BUS FOUNDATION SEEKS TO HELP ALL OVERCOME PERSONAL BARRIERS				
4. NAICS Code	TO BECOME THE BEST THEY CAN BE, TO CONNECT TO AND IMPACT THE				
813219 - Other Grantmaki	COMMUNITY AROUND THEM.				
6. Principal Office Address			City	State	Zip
40 OAKLAND AVENUE	AKLAND AVENUE			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.		
<sup>C-ty</sup> NORTH KINGSTOWN	State RI	<sup>Zip</sup> 02852	City NORTH KINGSTOWN	State RI	<sup>Ζιρ</sup> 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		
C ty	State	Zip	City	State	Zio
Director Name MARGARET SKENYON			Director Name BRENDA RICCI		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Z.p	Cty	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require fling 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 SIGN DOCKMENT 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