



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
(401) 222-5640

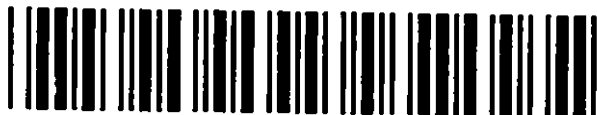
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 129179		2. Name of Corporation THE NINA FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 664 GREEN HILL BEACH RD, S. KINGSTOWN		City S. KINGSTOWN	Zip 02879
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island IN THE NAME OF OLGA "NINA" SULLIVAN BERTUGLIO ORGANIZE AND MAINTAIN A LONG TERM EFFORT TO FOCUS FINANCIAL SUPPORT FOR CHILDREN IN NEED, OR AT RISK.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID BEAUCHAMP DIR. OF OPERATIONS			Vice President Name		
Street Address 10 MILES AVE			Street Address N/A		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name NANCY L. SULLIVAN			Treasurer Name AMY E. ST. ANGELO		
Street Address 115 CARMAN ST.			Street Address 126 WYNHAM AVE		
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name MICHAEL L. DIONNE			Director Name MARY C. DIONNE		
Street Address 203 CARLSON LN.			Street Address 203 CARLSON LN.		
City W. BARNSTABLE	State MA	Zip 02668	City W. BARNSTABLE	State MA	Zip 02668
Director Name DEBRA SULLIVAN			Director Name N/A		
Street Address 253 GREENWOOD DR			Street Address		
City PEACEDALE	State RI	Zip 02883	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name MICHAEL L. DIONNE			Address		
Address 664 GREEN HILL BEACH ROAD			City SOUTH KINGSTOWN	Zip 02879-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



129179

File Date	6-15-05
Check No.	1067
By	
FOR SECRETARY OF STATE USE ONLY	

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.

6/13/05
Signature of Officer Date

MICHAEL L. DIONNE
Print or Type Name of Officer

CHAIRMAN, BOARD OF TRUSTEES
Title of Officer



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5. Foreign corporation. Enter principal office address		City		State	Zip
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President Name DIRECTOR LUCIO BENEDEUCE			Vice President Name N/A		
Street Address 115 CARMAN ST.			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name JEANNE SULLIVAN-EVANS			Treasurer Name WENDY SULLIVAN		
Street Address 132 WOOD COVE DR.			Street Address 84 MOORLAND AVE		
City COVENTRY	State RI	Zip 02816	City CRANSTON	State RI	Zip 02905
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Director Name DEBRA SULLIVAN			Director Name		
Street Address 253 GREENWOOD DR			Street Address		
City PEACE DALE	State RI	Zip 02883	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name MICHAEL L. DIONNE			Address		
Address 664 GREEN HILL BEACH ROAD			City SOUTH KINGSTOWN	Zip 02879	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 9 1 7 9 *

FILED

File Date

Check No. **JUL 14 2004**

By: **37723**

FOR SECRETARY OF STATE USE ONLY

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.

Michael L. Dionne 6/14/04
Signature of Officer Date

MICHAEL L. DIONNE
Print or Type Name of Officer

TRUSTEE
Title of Officer