



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000817910

2. Name of Corporation The Unquiet Professional

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 22 FIRE LANE 6
City or Town: SOUTH KINGSTOWN State: RI Zip: 02879 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO RAISE MONEY FOR WOUNDED VETERANS AND DECEASED VETERAN FAMILIES

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	KRISTA M. SIMPSON	P.O. BOX 761 WAKEFIELD, RI 02880 USA
DIRECTOR	ANDREA RINALDI	30 FAYFAIR DRIVE LONGMEADOW, MA 01106 USA
DIRECTOR	ANDREW RAUCCI	396 S. BENEFIT STREET, APT 4 PROVIDENCE, RI 02903 USA
DIRECTOR	ROBERT A KOLB	22 FIRE LANE 6 SOUTH KINGSTOWN, RI 02879 US

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT A. KOLB 22 FIRE LANE 6 SOUTH KINGSTOWN , RI 02879

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

Signed this 25 Day of March, 2021 at 10:59:13 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ROBERT KOLB
Signature of Authorized Person

Form No. 631
Revised 09/07

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