



State of Rhode Island

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
STAMP
MAY 21 2021
BY 44677
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1. Entity ID Number 001668646		2. Exact name of the Corporation The Guardian Duck Foundation Inc.					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island THE CORPORATE IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501C3 IF THE INTERNAL REVENUE CODE OF 1954 THE CORPORATION SHALL PROVIDE MORTGAGE AND TRENT ASSISTANCE FOR PATIENTS AND PATIENTS					
4. NAICS Code <u>99999</u>							
6. Principal Office Address 130 Bellevue Avenue				City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name				Vice-President Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Secretary Name				Treasurer Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>							
Director Name KATHLEEN DECOSTA				Director Name DANIELLE E. ALMEIDA			
Street Address 12 Bull Street				Street Address 35 ELM STREET			
City Newport		State RI	Zip 02840	City Newport		State RI	Zip 02840
Director Name DIANNE DAILEY				Director Name			
Street Address 109 CHURCH STREET #2				Street Address			
City Newport		State RI	Zip 02840	City		State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Adam H. Thayer, Esq.						Date 5/13/2021	
Signature of Officer/Authorized Representative 							

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov