RI SOS Filing Number: 202197274620 Date: 5/28/2021 4:00:00 PM



State of Rhode Island

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

Annual Report for the year: 2021 **Non-Profit Corporation** 

FILED STAND

→ 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					
674956	Derrick Cazard Foundation					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	See attached.					
4. NAICS Code	1					
624190 - Other Individual and Fa						
6. Principal Office Address	•		City	State	Zip	
35 Porters Lane			Portsmouth	RI	02871	
7. List ALL officers (names and addresses)  Check the box to indicate an attachm					an attachment 🗸	
President Name Darren Tseng	esident Name Darren Tseng			Vice-President Name Deborah Saboya		
Street Address 16 Cumberland St.			Street Address 35 Porters Lane			
<sup>City</sup> Boston	State MA	<sup>Zip</sup> 02115	City Portsmouth	State RI	<sup>Zip</sup> 02871	
Secretary Name Kaitlin McFadden			Treasurer Name Dante Branch			
Street Address 116 Mulpus Rd.			Street Address 41 1/2 Warner St.			
<sup>City</sup> Lunenburg	State MA	<sup>Zip</sup> 01462	<sup>City</sup> Newport	State RI	<sup>Zip</sup> 02840	
8. List ALL directors (names and ac	ddresses). RI Corp	porations MUST lis	at at least THREE directors.	ck the box to indicate	an attachment	
Director Name Darren Tseng			Director Name Deborah Saboya			
Street Address 16 Cumberland St.			Street Address 35 Porters Lane			
<sup>City</sup> Boston	State MA	<sup>Zip</sup> 02115	City Portsmouth	State RI	<sup>Zip</sup> 02871	
Director Name Kaitlin McFadden			Director Name Dante Branch			
Street Address 116 Mulpus Rd.			Street Address 41 1/2 Warner St.			
<sup>City</sup> Lunenburg	State MA	<sup>Zip</sup> 01462	City Newport	State RI	<sup>Zip</sup> 02840	
9. The Registered Agent information	on of record with th	e RI Department o	of State is accurate. Changes require	filing Form 641.		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained he	I have examined rein are true and	l this report, including any accomp correct.	oanying schedule	es and	
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						
Deborah Saboya 5-19-2					1-21	
Signature of Officer/Authorized Representative  () elios ah aleay a V						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

## DERRICK CAZARD FOUNDATION CORPORATE ID NO. 674956

## ATTACHMENT A TO 2021 RHODE ISLAND NON-PROFIT ANNUAL REPORT

- 4. Charitable purpose To provide under privileged and low income families from Aquidneck Island with the funds necessary for their children to participate in activities that will enhance their development and promote positive community experiences.
- 8. Additional directors:

NAME	ADDRESS		
Anthony Alexander	25 Village Green N, Riverside, RI 02915		
Susan Berman	30 Tucker Avenue, Tiverton, RI 02878		
Janet Wilcox 112 Abbott Farm Lane, Hudson, NH 03051			
Doug Fingliss 226 Chace Avenue, Tiverton, RI 02878			
Joshua Goldman 357 Bristol Ferry Rd., Portsmouth, RI 0287			

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MAY 2 3 2021

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