



**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: 2021**

**1. Corporate ID No.** 000788174

**2. Name of Corporation** Christopher Stone Fund

**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



813219

**4. Principal Office Address**

No. and Street: 605 MAIN STREET

City or Town: WARREN

State: RI

Zip: 02885

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 AWARENESS AND FUNDS FOR ALS (AMYOTROPHIC LATERAL SCLEROSIS)  
IN ORDER TO PROVIDE ALS VICTIMS, FAMILIES AND CARETAKERS WITH THE MOST  
FULFILLING QUALITY OF LIFE DURING THE MOST TRYING TIME.

**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.**

| <b>Title</b>   | <b>Individual Name</b>      | <b>Address</b>                                  |
|----------------|-----------------------------|---|
|                | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT      | TARA THIBAUDEAU             | 605 MAIN STREET<br>WARREN , RI 02885 USA        |
| TREASURER      | TARA THIBAUDEAU             | 605 MAIN STREET<br>WARREN , RI 02885 USA        |
| SECRETARY      | HOLLY DASILVEIRA            | 605 MAIN ST<br>WARREN, RI 02885 USA             |
| VICE PRESIDENT | SHANNON BARNOWSKI           | 25 WEST STREET<br>WARREN, RI 02885 USA          |
| DIRECTOR       | TARA THIBAUDEAU             | 605 MAIN STREET<br>WARREN, RI 02885 USA         |
| DIRECTOR       | AMY STONE                   | OVERHILL RD<br>WARREN, RI 02885 USA             |
| DIRECTOR       | ERIN KOPECKY                | 66 LONG LN<br>WARREN , RI 02885 USA             |
| DIRECTOR       | HOLLY DASILVEIRA            | 12 BARTON AVE<br>WARREN, RI 02885 USA           |

**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**

TARA THIBAUDEAU 605 MAIN STREET WARREN , RI 02885

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

**Signed this 7 Day of June, 2021 at 11:24:36 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 TARA K THIBAUDEAU  
Signature of Authorized Person

Form No. 631  
Revised 09/07