



**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.** 001687965

**2. Name of Corporation** Be Well Community Inc.

**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: 255 HOPE STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

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**

OUR MISSION IS TO EXPAND ACCESS TO CHIROPRACTIC CARE FOR THE UNDERSERVED IN OUR COMMUNITY, TO SPECIFICALLY INCLUDE LOW INCOME INDIVIDUALS AND FAMILIES, AND VETERANS IN THE CITY OF PROVIDENCE AND SURROUNDING AREA. THIS ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS AND/OR SCIENTIFIC PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, AND SHALL NOT INURE BENEFIT OR

**EARNINGS TO ANY PRIVATE SHAREHOLDER OR INDIVIDUAL.**

**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> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	KRISTIN KOLESAR FABRIS	255 HOPE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	ELIZABETH GUARDIA	255 HOPE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	BRITTANY DROZD	255 HOPE STREET PROVIDENCE, RI 02906 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**

KRISTIN KOLESAR FABRIS 255 HOPE STREET PROVIDENCE , RI 02906

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

**Signed this 18 Day of June, 2021 at 4:28:38 PM 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 KRISTIN KOLESAR FABRIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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