



**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: February 1 - May 1

*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:** 2022

**1. Corporate ID No.** 001721642

**2. Name of Corporation** Break Through Waves

**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: C/O MARGARET CRAWFORD  
942 MERIDIAN STREET

City or Town: FALL RIVER State: MA Zip: 02720 Country: USA

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

TO PROVIDE A SAFE SPACE FOR ADULTS TO EXPLORE ALTERNATIVE METHODS OF WELL-BEING FOR THE MIND, BODY AND SPIRIT THROUGH A VARIETY OF PROGRAMS THAT COMBINES SURF THERAPY, YOGA AND ECO-THERAPY. BREAK THROUGH WAVES IS FOR PEOPLE WHO WANT TO LEARN NEW COPING SKILLS FOR TRAUMA AND PTSD AND FIND SOLACE IN WELLNESS AND COMMUNITY.

**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	ANTHONY ROLLE	91 MAIN STREET #265 WARREN, RI 02885 USA
DIRECTOR	SUZANNE MEANS	75 NORTH STREET NEW BEDFORD, MA 02740 USA
DIRECTOR	ADAM OLENN	502 BEDFORD ST 4TH FLOOR, FALL RIVER, MA 02720 FALL RIVER, MA 02720-4686 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**

MARGARET CRAWFORD 144 WATERMAN 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 9 Day of May, 2022 at 2:28:30 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 MARGARET CRAWFORD  
Signature of Authorized Person

Form No. 631  
Revised 09/07