



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JAN 30 2023
 BY [Signature]

1. Entity ID Number 001749875		2. Exact name of the Corporation Friends of the Bay Spring Community Center			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Town owned community center that is open to the general public for the purpose of hosting cultural events such as music, theatre workshops and educational classes.			
4. NAICS Code 813319					
6. Principal Office Address 170 Narragansett Avenue			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Penengo		Vice-President Name Jack Van Leer			
Street Address 10 Walsh Avenue		Street Address 4 Manning Drive			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Eileen Meehan		Treasurer Name Denise Dilorio Javery			
Street Address 24 Hawthorne Avenue		Street Address 26 Tanglewood Drive			
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02806
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 Daniel Penengo		Director Name Jack Van Leer			
Street Address 10 Walsh Avenue		Street Address 4 Manning Drive			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Eileen Meehan		Director Name Denise Dilorio Javery			
Street Address 24 Hawthorne Avenue		Street Address 26 Tanglewood Drive			
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02915
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 Daniel Penengo / Director				Date 2/1/2023	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:
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