



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.

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R.I. DEPT. OF STATE
BUS SERVICES DIV

2023 FEB 21 A 10:25

1. Entity ID Number 000141197		2. Exact name of the Corporation The Gloria Gemma Breast Cancer Resource Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To help Rhode Island organizations in their fight to raise breast cancer awareness, to work for it's prevention and to bring comfort and help to the patients and families in our community affected by breast cancer			
4. NAICS Code 813319					
6. Principal Office Address One Wellington Road			City One Wellington Road	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph A. Gemma			Vice-President Name Robert C. Ventura		
Street Address One Wellington Road			Street Address One Wellington Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip RI
Secretary Name Caronah Johnson			Treasurer Name Jane A. Pace		
Street Address One Wellington Road			Street Address One Wellington Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Joan Petteruti			Director Name Kenneth F. McGunagle, Jr.		
Street Address One Wellington Road			Street Address One Wellington Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name Kerri Gemma			Director Name Sal Molica		
Street Address One Wellington Road			Street Address One Wellington Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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.					
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 Jane A. Pace				Date 2/13/2023	
Signature of Officer/Authorized Representative <i>Jane A. Pace</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 21 2023
BY *[Signature]* 2447
10:45

FORM 631 - Revised: 11/2021

Director Daniel Gilroy
One Wellington Road
Lincoln, Rhode Island 02865