

*Amended no fee*



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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RI DEPT. OF STATE  
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|  |                 |   |   |                        |                     |
|--|-----------------|---|---|------------------------|---------------------|
| 1. Entity ID Number<br><b>57804</b>  |                 | 2. Exact name of the Corporation<br><b>Bernadette Conte Ltd.</b>  |   |                        |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>A non-profit to produce historical films, books and documentation for lectures, and events that are opened to the public.</b> |   |                        |                     |
| 4. NAICS Code<br><b>711510</b>   |                 |   |   |                        |                     |
| 6. Principal Office Address<br><b>20 Cardi Circle</b>  |                 |   | City<br><b>Cranston</b>                       | State<br><b>RI</b>     | Zip<br><b>02920</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                        |                     |
| President Name <b>Bernadette Conte</b>   |                 |   | Vice-President Name <b>Ralph C. Conte Jr.</b> |                        |                     |
| Street Address <b>20 Cardi Circle</b>  |                 |   | Street Address <b>128 Hamilton Street</b>     |                        |                     |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02920</b>  | City <b>Jamestown</b>                         | State <b>RI</b>        | Zip <b>02835</b>    |
| Secretary Name <b>Katherine M. Conte</b>   |                 |   | Treasurer Name                                |                        |                     |
| Street Address <b>355 Gilbert Stuart Drive</b>   |                 |   | Street Address                                |                        |                     |
| City <b>East Greenwich</b>   | State <b>RI</b> | Zip <b>02818</b>  | City  | State                  | Zip                 |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |   |                        |                     |
| Director Name <b>Bernadette Conte</b>  |                 |   | Director Name <b>Ralph C. Conte Jr.</b>       |                        |                     |
| Street Address <b>20 Cardi Circle</b>  |                 |   | Street Address <b>128 Hamilton Street</b>     |                        |                     |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02920</b>  | City <b>Jamestown</b>                         | State <b>RI</b>        | Zip <b>02835</b>    |
| Director Name <b>Katherine M. Conte</b>  |                 |   | Director Name                                 |                        |                     |
| Street Address <b>355 Gilbert Stuart Drive</b>   |                 |   | Street Address                                |                        |                     |
| City <b>East Greenwich</b>   | State <b>RI</b> | Zip <b>02818</b>  | City  | State                  | Zip                 |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                 |   |   |                        |                     |
| <b>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.</b>        |                 |   |   |                        |                     |
| <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<br><b>Bernadette Conte</b>   |                 |   |   | Date<br><b>2/22/23</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Bernadette Conte</i>  |                 |   |   |                        |                     |

FILED

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BY A.A. 2:45 PM



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

February 24, 2023 02:45 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

