



State of Rhode Island

Department of State - Business Services Division

Amended no fee

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.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV

2023 FEB 24 P 2:45

1. Entity ID Number 57804		2. Exact name of the Corporation Bernadette Conte Ltd.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A non-profit to produce historical films, books and documentation for lectures, and events that are opened to the public.			
4. NAICS Code 711510					
6. Principal Office Address 20 Cardi Circle			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bernadette Conte			Vice-President Name Ralph C. Conte Jr.		
Street Address 20 Cardi Circle			Street Address 128 Hamilton Street		
City Cranston	State RI	Zip 02920	City Jamestown	State RI	Zip 02835
Secretary Name Katherine M. Conte			Treasurer Name		
Street Address 355 Gilbert Stuart Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
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 Bernadette Conte			Director Name Ralph C. Conte Jr.		
Street Address 20 Cardi Circle			Street Address 128 Hamilton Street		
City Cranston	State RI	Zip 02920	City Jamestown	State RI	Zip 02835
Director Name Katherine M. Conte			Director Name		
Street Address 355 Gilbert Stuart Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
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 Bernadette Conte				Date 2/22/23	
Signature of Officer/Authorized Representative <i>Bernadette Conte</i>					

FILED

FEB 24 2023
BY A.A. 2:45 PM