



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 STAMP

MAR 31 2023

BY

1. Entity ID Number 001737483		2. Exact name of the Corporation Keep Teaching Foundation, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fundraising, scholarships and support for educational purposes.			
4. NAICS Code 813219 - Other Grantmaking and					
6. Principal Office Address 86 Regina Drive			City Cranston	State RI	Zip 02921
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory Hogan			Vice-President Name Matthew Juhnowski		
Street Address 86 Regina Drive			Street Address 2 Magnolia Lane		
City Cranston	State RI	Zip 02921	City Coventry	State RI	Zip 02816
Secretary Name Lindsay McQueeney Batalon			Treasurer Name Anthony Russo		
Street Address 45 Osceola Avenue			Street Address 151 Pocahontas Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 Gregory John Hogan			Director Name Lindsay McQueeney Batalon		
Street Address 86 Regina Drive			Street Address 45 Osceola Avenue		
City Cranston	State RI	Zip 02921	City Warwick	State RI	Zip 02888
Director Name Anthony William Russo			Director Name Matthew Juhnowski		
Street Address 151 Pocahontas Drive			Street Address 2 Magnolia Lane		
City Warwick	State RI	Zip 02888	City Coventry	State RI	Zip 02816
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 Gregory J. Hogan				Date 3/29/23	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov