



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

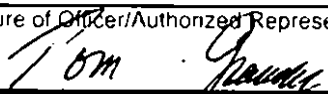
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 19 2023

BY 3011

KJ

1. Entity ID Number <b>124259</b>		2. Exact name of the Corporation <b>BLUE BUS FOUNDATION INC.</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>community events</b>			
4. NAICS Code <b>813219</b>					
6. Principal Office Address <b>40 OAKLAND AVE.</b>		City <b>NO. KINGSTOWN</b>		State <b>R.I.</b>	Zip <b>02852</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>TERI OHS</b>			Vice-President Name <b>TOM GRENNAN</b>		
Street Address <b>40 OAKLAND AVE</b>			Street Address <b>51 JENKINS CT.</b>		
City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>028</b>	City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>02852</b>
Secretary Name <b>MARGARETSKENYON</b>			Treasurer Name <b>TERI OHS</b>		
Street Address <b>FINCH LANE</b>			Street Address <b>40 OAKLAND AVE</b>		
City <b>SAUNDERSTOWN</b>	State <b>R.I.</b>	Zip <b>02874</b>	City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>02852</b>
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>TERI OHS</b>			Director Name <b>TOM GRENNAN</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
City	State	Zip	City	State	Zip
Director Name <b>MARGARET SKENYON</b>			Director Name		
Street Address <b>SAME AS ABOVE</b>			Street Address		
City	State	Zip	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 <b>TOM GRENNAN</b>				Date <b>04/16/2023</b>	
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.n.gov