



State of Rhode Island

Department of State - Business Services Division

FILED

APR 19 2023

BY 3011

RS

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.

| | | | | | |
|---|-------------------|--|---------------------------|---------------------------|------------------|
| 1. Entity ID Number 124259 | | 2. Exact name of the Corporation BLUE BUS FOUNDATION INC. | | | |
| 3. State of Incorporation R.I. | | 5. Brief description of the character of business conducted in Rhode Island community events | | | |
| 4. NAICS Code 813219 | | | | | |
| 6. Principal Office Address 40 OAKLAND AVE. | | City NO. KINGSTOWN | State R.I. | Zip 02852 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/> | | | | | |
| President Name TERI OHS | | Vice-President Name TOM GRENNAN | | | |
| Street Address 40 OAKLAND AVE | | Street Address 51 JENKINS CT. | | | |
| City NO. KINGSTOWN | State R.I. | Zip 028 | City NO. KINGSTOWN | State R.I. | Zip 02852 |
| Secretary Name MARGARETSKENYON | | Treasurer Name TERI OHS | | | |
| Street Address FINCH LANE | | Street Address 40 OAKLAND AVE | | | |
| City SAUNDERSTOWN | State R.I. | Zip 02874 | City NO. KINGSTOWN | State R.I. | Zip 02852 |
| 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 TERI OHS | | Director Name TOM GRENNAN | | | |
| Street Address SAME AS ABOVE | | Street Address SAME AS ABOVE | | | |
| City | State | Zip | City | State | Zip |
| Director Name MARGARET SKENYON | | Director Name | | | |
| Street Address SAME AS ABOVE | | 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. | | | | | |
| 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. | | | | | |
| <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 TOM GRENNAN | | | | Date 04/16/2023 | |
| 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