



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
 Non-Profit Corporation

APR 25 2023
 BY 3725
 BS

- 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 001663689		2. Exact name of the Corporation North Kingstown FISH Organization, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Free transport to medical, dental and social services appointments for those without means of transportation.	
4. NAICS Code 624190			
6. Principal Office Address c/o Laureen Berglund, 396 Wickham Rd.		City N. Kingstown	State RI
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Laureen Berglund		Vice-President Name Sandra Porter	
Street Address 396 Wickham Rd.		Street Address 30 Browning Drive	
City N. Kingstown	State RI	Zip 02852	City N. Kingstown
			State RI
			Zip 02852
Secretary Name (ACTING) Robert Vescovi		Treasurer Name Robert Vescovi	
Street Address 180 Waterwheel Lane		Street Address 180 Waterwheel Lane	
City N. Kingstown	State RI	Zip 02852	City N. Kingstown
			State RI
			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 Laureen Berglund		Director Name Sandra Porter	
Street Address 396 Wickham Rd.		Street Address 30 Browning Drive	
City N. Kingstown	State RI	Zip 02852	City N. Kingstown
			State RI
			Zip 02852
Director Name Paul Tychapsky		Director Name Robert Vescovi	
Street Address 131 Rosemary Drive		Street Address 180 Waterwheel Lane	
City N. Kingstown	State RI	Zip 02852	City N. Kingstown
			State RI
			Zip 02852
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 Robert Vescovi, Treasurer			Date 4/20/2023
Signature of Officer/Authorized Representative <i>Robert Vescovi</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov