| State of Rhode Island Fee: \$20.00   Office of the Secretary of State Fee: \$20.00  |  |  |
|---|--|--|
| Division Of Business Services   |  |  |
| 148 W. River Street   |  |  |
| Providence RI 02904-2615  |  |  |
| <b>1636</b> (401) 222-3040  |  |  |
| Non-Profit Corporation<br>Annual Report<br>Filing Period: February 1 - May 1  |  |  |
| In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.  |  |  |
| ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>   |  |  |
| 1. Corporate ID No. 000795445   |  |  |
| 2. Name of Corporation <u>TIVERTON CARES</u>  |  |  |
| 3. State of Incorporation   |  |  |
| State: <u>RI</u>  |  |  |
| ARTICLE III   |  |  |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> |  |  |
| NAICS Code  |  |  |
| 813219  |  |  |
| 4. Principal Office Address   |  |  |
| No. and Street: 4 CALVERT STREET  |  |  |
| City or Town: <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Country: <u>USA</u>   |  |  |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island  |  |  |
| ENCOURAGING COMMUNITY ASSISTANCE, REVITALIZATION, EDUCATION AND   |  |  |
| SUPPORT IN TIVERTON RHODE ISLAND BY FOSTEERING VOLUNTEERISM   |  |  |
| PROVIDING RESOURCES AND REFERENCES AND RAISNG FUNDS FOR CHARITABLE  |  |  |
| PURPOSES  |  |  |
| 6. Names and Addresses of the Officers and Directors:   |  |  |
| All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.   |  |  |

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | DANIELLE COULTER                               | 34 LAWTON AVENUE<br>TIVERTON, RI 02878 USA                 |
| TREASURER | JUSTIN KATZ                                    | 189 COTTRELL ROAD<br>TIVERTON, RI 02878 USA                |
| SECRETARY | ROBERT COULTER                                 | 34 LAWTON AVENUE<br>TIVERTON, RI 02878 USA                 |
| DIRECTOR  | SHERI AAKRE                                    | 51 LEONARD DRIVE<br>TIVERTON, RI 02878 USA                 |
| DIRECTOR  | JOHN PERKINS                                   | 119 LEESHORE LANE<br>TIVERTON, RI 02878 USA                |
| DIRECTOR  | LYNDA NOURY                                    | 210 DEPOT ROAD<br>COVENTRY, CT 06238 USA                   |
| DIRECTOR  | JUSTIN KATZ                                    | 189 COTTRELL ROAD<br>TIVERTON, RI 02878 USA                |
| DIRECTOR  | ROBERT COULTER                                 | 34 LAWTON AVENUE<br>TIVERTON, RI 02878 USA                 |
| DIRECTOR  | DANIELLE COULTER                               | 34 LAWTON AVENUE<br>TIVERTON, RI 02878 USA                 |

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ROBERT COULTER, ESQ. 4 CALVERT STREET NEWPORT, RI 02840

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 30 Day of April, 2023 at 8:46:19 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By /S/ ROBERT COULTER

Signature of Authorized Person

Form No. 631 Revised 09/07

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