



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.

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RI DEPT. OF STATE  
BUS SVCS DIV  
2023 MAY 18 A 10:17

1. Entity ID Number <b>001663131</b>		2. Exact name of the Corporation <b>The Doc Gift Fund, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island  <b>Education and other beneficial gifting and to transact any or all other lawful business for which corporations may be incorporated.</b>			
4. NAICS Code <b>813219</b>					
6. Principal Office Address <b>32 John Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</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			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 checked="" type="checkbox"/></span>					
Director Name <b>Adam Bush</b>			Director Name <b>Tara Hagopian</b>		
Street Address <b>32 John Street</b>			Street Address <b>32 John Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>Ann Gatten</b>			Director Name <b>Karen Thompson</b>		
Street Address <b>32 John Street</b>			Street Address <b>32 John Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
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>Kas R. DeCarvalho, Authorized Representative</b>					Date <b>May 17, 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.ri.gov](http://www.sos.ri.gov)

FILED  
MAY 18 2023  
BY BHGRV

**The Doc Gift Fund, Inc. – Corp. ID #001663131**  
**Attachment to 2023 Annual Report**  
**Names and Addresses of Directors**

Additional Directors:

Dennis Littky  
32 John Street  
Providence, RI 02906

Kaiya Leatherer  
32 John Street  
Providence, RI 02906

Seth Linden  
32 John Street  
Providence, RI 02906