



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**

JUN 23 2023

BY *[Signature]*

1. Entity ID Number <b>001018621</b>		2. Exact name of the Corporation <b>Aquidneck Island Robotics, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Charitable, Child and Youth Services</b>			
4. NAICS Code <b>624110-Child and Youth</b>					
6. Principal Office Address <b>PO Box 4475</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</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>Katherine Blight</b>			Vice-President Name <b>Williams Collins</b>		
Street Address <b>PO Box 4475</b>			Street Address <b>PO Box 4475</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>Sarah Fruzzetti</b>			Treasurer Name <b>Dara Liebermensch</b>		
Street Address <b>PO Box 4475</b>			Street Address <b>PO Box 4475</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</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>Richard Blight</b>			Director Name <b>Darlene Sullivan</b>		
Street Address <b>PO Box 4475</b>			Street Address <b>PO Box 4475</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>Martha Gomes</b>			Director Name		
Street Address <b>PO Box 4475</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	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>Katherine P Blight</b>					Date <b>6/21/23</b>
Signature of Officer/Authorized Representative <b>kblight@kmssol.com</b>					

Digitally signed by kblight@kmssol.com  
DN: c=US, o=Rhode Island, ou=Department of State, ou=Business Services, ou=Katherine P Blight, email=kblight@kmssol.com  
Date: 2023.06.21 16:11:18 -0400

**MAIL TO:**

**Division of Business Services**

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