



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 001018621		2. Exact name of the Corporation Aquidneck Island Robotics, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable, Child and Youth Services			
4. NAICS Code 624110-Child and Youth					
6. Principal Office Address PO Box 4475			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Katherine Blight			Vice-President Name Williams Collins		
Street Address PO Box 4475			Street Address PO Box 4475		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Sarah Fruzzetti			Treasurer Name Dara Liebermensch		
Street Address PO Box 4475			Street Address PO Box 4475		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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 Richard Blight			Director Name Darlene Sullivan		
Street Address PO Box 4475			Street Address PO Box 4475		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Martha Gomes			Director Name		
Street Address PO Box 4475			Street Address		
City Middletown	State RI	Zip 02842	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 Katherine P Blight					Date 6/21/23
Signature of Officer/Authorized Representative kblight@kmsol.com					

MAIL TO:
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