



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

FILED

Annual Report for the year: 2023- Amendmen
Non-Profit Corporation

2023 SEP 13 PM 1:15

SEP 13 2023

BY AmF

- 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 000503951		2. Exact name of the Corporation The Capital Good Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island see attachment with directors list			
4. NAICS Code 522291					
6. Principal Office Address 333 Smith Street			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
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 MUST list at least THREE directors.					
					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name ELISABETH HARRIS			Director Name HOLLY BULLARD		
Street Address 333 SMITH STREET			Street Address 333 SMITH STREET		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name DARA DUGUAY			Director Name RAHUL GUPTA		
Street Address 333 SMITH STREET			Street Address 333 SMITH STREET		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>Jennifer Ventriglia</u>					Date <u>9/13/2023</u>
Signature of Officer/Authorized Representative <u>Jennifer Ventriglia</u>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

Title	Individual Name	Address
DIRECTOR	ELIZABETH KIMZEY	333 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	ELINA SANTANA	333 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	TRACY MACLEAN	333 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	NISHA FLOYD	333 SMITH STREET PROVIDENCE, RI 02908 USA
SECRETARY	ARTHUR GABINET	333 SMITH STREET PROVIDENCE, RI 02908 USA

Purpose

TO PROVIDE AFFORDABLE MICROLOANS AND PROVIDE TECHNICAL ASSISTANCE TO LOW-INCOME ENTREPRENEURS FOR THE PURPOSE OF STARTING OR EXPANDING A BUSINESS, TO IMMIGRANTS FOR THE PURPOSE OF EDUCATING AND ENABLING THEM TO BECOME PERMANENT LEGAL RESIDENTS OR CITIZENS OF THE US AND TO HOMEOWNERS AND TENANTS TO ENABLE THEM TO MAKE THEIR RESIDENCES MORE ENERGY EFFICIENT.



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 13, 2023 01:15 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

