



**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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1. Entity ID Number <b>000578434</b>		2. Exact name of the Corporation <b>The Buzz Alternative Radio Foundation Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide music and education</b>			
4. NAICS Code <b>515112</b>					
6. Principal Office Address <b>c/o 39 Canal St PO Box 2175</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Jaime Lyn Wager</b>			Vice-President Name		
Street Address <b>197 Main St</b>			Street Address		
City <b>Ashaway</b>	State <b>RI</b>	Zip <b>028004</b>	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.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Thomas DiPaola</b>			Director Name <b>Nadine DiPaola</b>		
Street Address <b>388 Post Road</b>			Street Address <b>388 Post Road</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>KRISTAN WAGER</b>			Director Name		
Street Address <b>197 MAIN ST</b>			Street Address		
City <b>ASHAWAY</b>	State <b>RI</b>	Zip <b>02891</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>Thomas DiPaola</b>				Date <b>10-8-2023</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

**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)

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BY **6704 J**