



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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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>001081145</u>		2. Exact name of the Corporation <u>Riverside Renaissance Movement Inc</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>grassroots collaboration of residents, businesses, organizations & public officials promoting & enhancing Riverside as a vibrant community where people want to live & visit</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>85 Bluff Street</u>		City <u>Riverside</u>	State <u>R.I.</u>
		Zip <u>02915</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JASON RAFFERTY MD</u>		Vice-President Name <u>K ERIC CROOK</u>	
Street Address <u>85 Bluff St.</u>		Street Address <u>39 Carousal Dr</u>	
City <u>Riverside</u>	State <u>R.I.</u>	Zip <u>02915</u>	
Secretary Name		Treasurer Name <u>Ellen Ordway</u>	
Street Address		Street Address <u>255 Becker Ave</u>	
City	State	Zip	
		City <u>Riverside</u>	State <u>R.I.</u>
		Zip <u>02915</u>	
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 <u>JASON RAFFERTY MD</u>		Director Name <u>K ERIC CROOK</u>	
Street Address <u>85 Bluff St</u>		Street Address <u>39 Carousal Dr</u>	
City <u>Riverside</u>	State <u>R.I.</u>	Zip <u>02915</u>	
Director Name <u>Ellen Ordway</u>		Director Name	
Street Address <u>255 Becker Ave</u>		Street Address	
City <u>Riverside</u>	State <u>R.I.</u>	Zip <u>02915</u>	
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>Ellen T. Ordway</u>			Date <u>11/16/2023</u>
Signature of Officer/Authorized Representative <u>Ellen T. Ordway</u>			

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

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