RI SOS Filing Number: 202342893270 Date: 11/20/2023 3:42:00 PM

State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BSD '23 NOV 20 PM3:40:13

Annual Report for the year: 2024
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.

1. Entity ID Number: 000516931	2. Exact name of the Corporation: INFINITY VOLUNTEERS
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: PROVIDES VOLUNTEERS WHO WORK TOGETHER TO FUND AND THEN UNDERTAKE IN HUMANITARIAN PROJECTS TO BENEFIT THE LIVES OF OTHERS
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
277 KING Charles Dr	Portsmouth	RI	02871

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: KIMBERLY CUNNINGHAM	~~Vice-President Name~~: N/A
Street Address: 266 FERRY Landing Circle	Street Address:
City: Portsmouth State: RI Zip: 02871	City: State: Zip:
~~Secretary Name~~: N/A	Treasurer Name: NICOLINA KELLY
Street Address:	Street Address: 277 KING Charles Dr
City: State: Zip:	City: Portsmouth State: RI Zip: 02871

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: DANIEL ASIEDO	Director Name: Mary Helene Chaplin
Street Address: 18 Morgan CT	Street Address: P.O. BOX 943
City: LINCOLN State: RI Zip: 02865	City: Portsmouth State: RI Zip: 02871
Director Name: GERRI AUGUST	Director Name: MOLLY Edwards
Street Address: 11 Evergreen CT	Street Address: 37 Edwards Dr
City: Wake Field State: RI Zip: 02852	City: Portsmouth State: RI Zip: 02871

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: NICOLINA KELLY	Date: 11/14/23
Signature of Officer/Authorized Representative: Nicolina M Kelly	FILED

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

NOV 20 2023
BY 42NPG
3:42

FORM 631- Revised 04/2023