



State of Rhode Island  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

1. Corporate ID No. 001741289

2. Name of Corporation Bright RI Fund

3. State of Incorporation

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813940

4. Principal Office Address

No. and Street: 1 THOMAS DRIVE

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO EDUCATE RHODE ISLANDERS ABOUT ISSUES RELATIVE TO THE STATE'S ECONOMY

6. Names and Addresses of the Officers and Directors:

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	DAVID CHENEVERT	1 THOMAS DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	DAVID CHENEVERT	1 THOMAS DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	CRAIG PICKELL	216 HIGHLAND AVENUE WARWICK, RI 02886 USA
DIRECTOR	MIKE MELLOR	25 MARIGOLD CIRCLE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	DAVID M. CHENEVERT	1, THOMAS DRIVE CUMBERLAND, RI 02864 UNI

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DAVID CHENEVERT 1 THOMAS DRIVE CUMBERLAND , RI 02864

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 23 Day of January, 2024 at 10:24:27 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By DAVID CHENEVERT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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