



State of Rhode Island

Department of State - Business Services Division

FILEDAnnual 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.

JAN 28 2024
 E.V. [Signature]

1. Entity ID Number 509339		2. Exact name of the Corporation PeaceLove Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island PeaceLove is a movement utilizing creativity and storytelling as tools to improve mental health for all. Using approachable, accessible programs.			
4. NAICS Code 624190 - Other Individual and Fa					
6. Principal Office Address 999 Main Street Unit 111			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Larry Goldstein			Treasurer Name Matt Lowe		
Street Address 999 Main Street Unit 111			Street Address 999 Main Street Unit 111		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Jeffrey M. Sparr			Director Name Matthew Kaplan		
Street Address 999 Main Street Unit 111			Street Address 999 Main Street Unit 111		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Larry Goldstein			Director Name Edward Gates		
Street Address 999 Main Street Unit 111			Street Address 999 Main Street Unit 111		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Jeffrey M. Sparr				Date 1.23.24	
Signature of Officer/Authorized Representative					

**5 BYE
SIGN**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov