



**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

**Foreign Non-Profit
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. 001697338

2. Name of Corporation The HarborOne Foundation Rhode Island

3. State of Incorporation

State: DE

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

813211

4. Principal Office Address

No. and Street: 770 OAK STREET

City or Town: BROCKTON

State: MA

Zip: 02301

Country: USA

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

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES IN THE STATE OF RHODE ISLAND

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title

Individual Name

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	WILLIAM WHITE	770 OAK STREET BROCKTON, MA 02301 USA
TREASURER	MAUREEN WILKINSON	770 OAK STREET BROCKTON , MA 02301 USA
SECRETARY	JENNIFER WHITE	770 OAK STREET BROCKTON , MA 02301 USA
VICE PRESIDENT	PHILLIP KYDD	770 OAK STREET BROCKTON , MA 02301 USA

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

WILLIAM WHITE 180 WASHINGTON STREET C/O HARBORONE BANK BRANCH MANAGER
PROVIDENCE , RI 02903

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

Signed this 1 Day of February, 2024 at 3:24:22 PM 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 JENNIFER WHITE
Signature of Authorized Person

Form No. 631
Revised 09/07

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