	State of Rhode	leland	Fee: \$20.00	
	Office of the Secreta		Τ ε ε. φ20.00	
	Division Of Busines	s Services		
	148 W. River S			
1636	Providence RI 029			
.030	(401) 222-30	40		
Non-Profit Corporation Annual Report				
Filing Period: February 1 - May	, 1			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.				
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>		
1. Corporate ID No. 00052	29664			
2. Name of Corporation Gotta Have Sole Foundation, Inc.				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is kn	dropdown will	
NAICS Code				
<u>624110</u>				
4. Principal Office Address				
No. and Street: 39 FAST	BEL AIR ROAD			
City or Town: <u>CRANST</u>		ate: <u>RI</u> Zip: <u>02920</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	aracter of the Affairs Condu	icted in Rhode Island		
DEDICATED TO PROVIDI	NG NEW FOOTWEAR TO	<u>) UNDERPRIVILED</u>	DGED CHILDREN	
6. Names and Addresses of t	he 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	Addı		
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country	
l				

PRESIDENT	NICHOLAS LOWINGER	39 EAST BEL AIR ROAD
		CRANSTON, RI 02920 USA
TREASURER	DANIEL LOWINGER MR.	39 EAST BEL AIR ROAD
		CRANSTON, RI 02920 USA
VICE PRESIDENT	LORI LOWINGER MRS.	39 EAST BEL AIR ROAD
		CRANSTON, RI 02920 USA
DIRECTOR	MINDY MILLER NOVACK MRS.	220 E. 67TH STREET, APT 3D
		NYC, NY 10065 USA
DIRECTOR	BETH SCHWARTZ	33 EVERETT ROAD
		CRANSTON, RI 02920 USA
DIRECTOR	OSWALD SCHWARTZ	33 EVERETT ROAD
		CRANSTON, RI 02920 USA
DIRECTOR	JENNIFER WATKINS	39 PARNELL STREET
		PROVIDENCE, RI 02909 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

LORI LOWINGER 39 EAST BEL AIR ROAD CRANSTON , RI 02920

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

Signed this 3 Day of February, 2024 at 1:19:45 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 LORI LOWINGER

Signature of Authorized Person

Form No. 631 Revised 09/07

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