	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines	s Services	
	148 W. River S		
1426	Providence RI 029		
1030	(401) 222-30	40	
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma	y 1		
In accordance with R.I.G.L. 7- annual report within the time p penalty fee of \$25.00.			
ANNUAL REPORT YEAR - EN	ITER THE CURRENT YEAR <b>2</b>	<b>024</b> : <u>2024</u>	
1. Corporate ID No. 0005	29664		
2. Name of Corporation <u>Got</u>	ta Have Sole Foundation, Inc	2.	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
Using the dropdown labeled N primary type of activity in whi populate a NAICS Code base box on the right. For further a	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is kr	dropdown will
NAICS Code			
<u>624110</u>			
4. Principal Office Address			
No. and Street: 39 EAST	BEL AIR ROAD		
City or Town: <u>CRANS</u>		te: <u>RI</u> Zip: <u>02920</u>	Country: <u>USA</u>
5. Brief Description of the Cl	naracter of the Affairs Condu	cted in Rhode Island	I
DEDICATED TO PROVID	ING NEW FOOTWEAR TO	O UNDERPRIVILEI	DGED CHILDREN
6. Names and Addresses of	the Officers and Directors:		
All Directors and Officers m Island Corporation shall not	ust be listed individually. Th be less than 3.	e number of DIRECT	ORS of a Rhode
Title	Individual Name First, Middle, Last, Suffix	Add Address, City or Town, S	

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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