

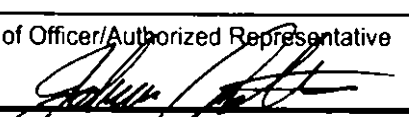
State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2024

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.

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STAMP

1. Entity ID Number 000567432		2. Exact name of the Corporation The George and Mary Agostini Family Foundation, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To make contributions to charities			
4. NAICS Code 813211					
6. Principal Office Address 243 Narragansett Park Drive			City East Providence	State RI	Zip 02916
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joshua Agostini			Vice-President Name David G. Agostini		
Street Address 243 Narragansett Park Drive			Street Address 30 Emily Way		
City East Providence	State RI	Zip 02916	City Seekonk	State MA	Zip 02771
Secretary Name Joshua Agostini			Treasurer Name Joshua Agostini		
Street Address 243 Narragansett Park Drive			Street Address 243 Narragansett Park Drive		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
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 Joshua Agostini			Director Name Paula J. Bizier		
Street Address 243 Narragansett Park Drive			Street Address 243 Narragansett Park Drive		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Director Name Steven J. Agostini			Director Name David G. Agostini		
Street Address 120 Cameron Way			Street Address 30 Emily Way		
City Rehoboth	State MA	Zip 02769	City Seekonk	State MA	Zip 02771
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Joshua Agostini				Date 1/22/2024	
Signature of Officer/Authorized Representative 				FILED FEB 05 2024 BY <u>ML</u> 2044	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov