



**State of Rhode Island
Department of State - Business Services Division**

FILED

FEB 08 2024

EX: *[Signature]*

Annual 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.

1. Entity ID Number 001663689		2. Exact name of the Corporation North Kingstown FISH Organization, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Free transport to medical, dental and social services appointments for those without means of transportation.			
4. NAICS Code 624190					
6. Principal Office Address c/o Laureen Berglund, 396 Wickham Rd.			City N. Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laureen Berglund			Vice-President Name Sandra Porter		
Street Address 396 Wickham Rd.			Street Address 30 Browning Drive		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Secretary Name Robert Vescovi			Treasurer Name Robert Vescovi		
Street Address 180 Waterwheel Lane			Street Address 180 Waterwheel Lane		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
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 Laureen Berglund			Director Name Sandra Porter		
Street Address 396 Wickham Rd.			Street Address 30 Browning Drive		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Director Name Robert Vescovi			Director Name		
Street Address 180 Waterwheel Lane			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
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 Robert Vescovi, Treasurer					Date 2/6/2024
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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