



**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

**Non-Profit Corporation  
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.** 001751537

**2. Name of Corporation** GONGOLIER ROBOTICS EMPOWERMENT GROUP

**3. State of Incorporation**

State: RI

**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

611710

**4. Principal Office Address**

No. and Street: PO BOX 6

City or Town: FOSTER

State: RI

Zip: 02825

Country: USA

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

THE CORPORATION SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES

WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF

1986, AS NOW IN EFFECT OR AS MAY HEREAFTER BE AMENDED.

MORE SPECIFICALLY, THE GONGOLIER ROBOTICS EMPOWERMENT GROUP (THE GROUP) IS

ORGANIZED TO PROVIDE A FUNDING VEHICLE AND NETWORKING OPPORTUNITY FOR FIRST ROBOTICS COMPETITION TEAM 5112 THE GONGOLIERS (THE TEAM), IN ADDITION TO ANY SUBSIDIARY TEAM, STARTUP ROBOTICS PROGRAM, EDUCATIONAL OUTREACH PROGRAM, EDUCATIONAL OPPORTUNITY, OR ANY AND ALL INITIATIVES OR ENDEAVORS PURSUED BY THE TEAM THAT THE GROUP DEEMS TO BE OF BENEFIT TO THE OVERALL EDUCATIONAL EXPERIENCE OR MISSION OF THE TEAM.

**6. Names and Addresses of the 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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	GREGORY T COFFEY	PO BOX 6 FOSTER, RI 02825 USA
TREASURER	BRAD LEACH JR	PO BOX 6 FOSTER, RI 02825 USA
SECRETARY	JOANN JOHNSON	PO BOX 6 FOSTER, RI 02825 USA
DIRECTOR	GREGORY T COFFEY	PO BOX 6 FOSTER, RI 02825 USA
DIRECTOR	BRAD LEACH JR	PO BOX 6 FOSTER, RI 02825 USA
DIRECTOR	JOANN JOHNSON	PO BOX 6 FOSTER, RI 02825 USA
DIRECTOR	MICHELLE LEACH	PO BOX 6 FOSTER, RI 02825 USA
DIRECTOR	NOAH J ELLINGWOOD	PO BOX 6 FOSTER, RI 02825 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**

GREGORY T COFFEY 137 ANAN WADE ROAD NORTH SCITUATE , RI 02857

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

**Signed this 13 Day of February, 2024 at 7:40:43 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 GREGORY T COFFEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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