



**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. 000026928

2. Name of Corporation AUTUMNFEST

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
813990

4. Principal Office Address

No. and Street: P.O. BOX 574
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

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

PURPOSES: NOTWITHSTANDING ANY OTHER PROVISIONS OF THE RHODE ISLAND NON-PROFIT CORPORATION ACT, AS FROM TIME TO TIME AMENDED, THE CORPORATION IS ORGANIZED FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 50 L (C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	JENNIFER CUNANAN	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	TRACY MARTIN	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	MATTHEW LAMOUREUX	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	LISA CARCIFERO	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	TIMOTHY FORCIER	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	JULIE LARIVEE	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	HERSON GONZALEZ	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	WILLIAM SCHNECK	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	DANIEL TVAROHA	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
VICE PRESIDENT	STEVEN LARAMEE	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	KRISTI MENARD	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	ELLIS COOPER	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	JOSEPH CALLAHAN	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	DONNA CODERRE	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
PRESIDENT	STEPHANIE SANTORO	84 SOCIAL ST WOONSOCKET, RI 02895 USA
CO VICE PRESIDENT	ADAM BRUNETTI	84 SOCIAL ST WOONSOCKET, RI 02895 USA
TREASURER	JULIE LARIVEE	84 SOCIAL ST WOONSOCKET, RI 02895 USA
SECRETARY	ALETHEA FORCIER	84 SOCIAL ST WOONSOCKET, RI 02895 USA
DIRECTOR	CYNTHIA HENDERSON	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	THOMAS GRAY	84 SOCIAL STREET WOONSOCKET, RI 02895 USA
DIRECTOR	SUSAN KIRWAN	84 SOCIAL STREET WOONSOCKET, RI 02895 USA

DIRECTOR

DAVID LAMOUREUX

84 SOCIAL STREET
WOONSOCKET, RI 02895 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**

LLOYD R. GARIEPY 191 SOCIAL STREET, SUITE 280 WOONSOCKET , RI 02895

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

Signed this 14 Day of February, 2024 at 2:36:51 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 JULIE LARIVÉE
Signature of Authorized Person

Form No. 631
Revised 09/07

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