	State of Rho	de Island	Fee: \$20.00	
	Office of the Sec		, ,	
	Division Of Busi	ness Services		
	148 W. Riv	er Street		
	Providence RI	02904-2615		
1636	(401) 222	-3040		
Non-Profit Corpora	tion			
Annual Report Filing Period: February 1 - May 1				
Filling Feriou. February	r - May I			
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 : <u>2024</u>				
1. Corporate ID No. 001722789				
2. Name of Corporation Universal Wealth Management Charitable Foundation				
3. State of Incorporation				
State: <u>RI</u>				
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 <u>click here.</u>				
NAICS Code				
813219				
4. Principal Office A	ddress			
No. and Street: 94	45 RESERVOIR AVENUE			
City or Town: \underline{C}	RANSTON	State: <u>RI</u> Zip: <u>029</u>	<u>10</u> Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
OUR FUND'S MISSION IS TO SUPPORT INDIVIDUALS AND ORGANIZATIONS WITH THE GOAL OF CREATING OPPORTUNITIES THAT OTHERWISE WOULD NOT EXIST BY PROVIDING BASIC NECESSITIES SUCH AS FOOD, WATER, MEDICAL CARE, REFUGE, SHELTER, SANCTUARY, EDUCATION, SCHOLARSHIPS AND TRAINING AND SUPPORT IN AREAS OF NEED. THE FUND ALLOWS FOR EMPLOYEES AND CLIENTS TO DONATE TO CAUSES THAT SUPPORT THE FUNDS MISSION. AS AN ADDED INCENTIVE, UNIVERSAL WEALTH MANAGEMENT MATCHES ALL EMPLOYEE FUND DONATIONS.				

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	LOIS A EMMA	30 DESANO DRIVE NARRGANSETT, RI 02882 USA
DIRECTOR	EDWARD L WALSH, III	25 RALLS DRIVE CRANSTON, RI 02910 USA
DIRECTOR	KAREN EMMA	25 RALLS DRIVE CRANSTON, RI 02920 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

KAREN EMMA 945 RESERVOIR AVENUE CRANSTON, RI 02910

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

Signed this 4 Day of March, 2024 at 1:59:36 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 KAREN EMMA

Signature of Authorized Person

Form No. 631 Revised 09/07

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