RI SOS Filing Number: 202448933870 Date: 3/13/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

MAR 13 2024 STAMP

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1. Entity ID Number	2. Exact name of the Corporation
798632	The Peter T. Pastore, Jr. Charitable Foundation, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To make grants to public charities and to receive charitable donations
4. NAICS Code: 813211 - Grantmaking Foundatic	

6. Principal Office Address	City	State	Zip
14 Firglade Avenue	Cranston	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name: Paul Balsamo			Vice-President Name:		
Street Address: 103 Dean Ridge Road			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Secretary Name: Greg Ventura			Treasurer Name:		
Street Address: 39 Derbyshire Drive			Street Address:		
City: Cranston	State: RI	Zip: 02921	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☑

Director Name: Donna Nardone			Director Name: Peter Accardo		
Street Address: 35 Middle Road			Street Address: 10616 Salem Street		
City: Narragansett	State: RI	Zip: 02882	City: River Ridge	State: LA	Zip: 70123
Director Name: Louise DiChiara Pastore			Director Name: Janice Wentzell		
Street Address: 14 Firglade Drive			Street Address: 8 Sweet Meadow Drive		
City: Cranston	State: RI	Zip: 02920	City: Easton	State: MA	Zip: 02375

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.

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

Name of Officer/Authorized Representative	Date
Louise DiChiara Pastore	

Signature of Officer/Authorized Representative

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

FORM 631 - Revised: 11/2021