	State of Rhode Office of the Secreta		ite	Fee: \$20.00
	Division Of Busines			
	148 W. River S			
1426	Providence RI 029			
.030	(401) 222-30	40		
Non-Profit Corporation Annual Report Filing Period: February 1 - May	y 1			
In accordance with R.I.G.L. 7-0 annual report within the time p penalty fee of \$25.00.	· · · ·			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. Corporate ID No. 001715733				
2. Name of Corporation Michaela Lynch Memorial Fund Inc.				
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				
<u>813219</u>				
4. Principal Office Address				
No. and Street: 181 NAN	ICI KAREN DRIVE			
City or Town: WARWIG	<u>CK</u>	State: <u>RI</u>	Zip: <u>02886</u>	Country: <u>US</u>
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
TO CONTINUE ACTS OF VINDNESS AND CUADITY IN DONOD OF MICHAELA				
<u>TO CONTINUE ACTS OF KINDNESS AND CHARITY IN HONOR OF MICHAELA</u> <u>LYNCH.</u>				
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		Addres	s
				· · ·

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	PAMELA SUSAN PELOSO	155 PHENIX AVE WEST WARWICK, RI 02893 US
PRESIDENT	TAMI J LYNCH	181 NANCI KAREN DRIVE WARWICK, RI 02886 USA
OTHER OFFICER	PAMELA PELOSO	,
DIRECTOR	JOHN LYNCH	181 NANCI KAREN DRIVE WARWICK, RI 02886 US
DIRECTOR	KEVIN DEIGNAN	77 SUFFOLK ROAD NORTH KINGSTOWN, RI 02852 US
DIRECTOR	LAURIE DEIGNAN	77 SUFFOOK DRIVE NORTH KINGSTOWN, RI 02852 US

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

MEGAN E SHEEHAN, ESQ. SHEEHAN & ASSOCIATES 65 BAY SPRING AVENUE BARRINGTON , RI 02806

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

Signed this 28 Day of March, 2024 at 11:59:12 AM 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 PAMELA PELOSO

Signature of Authorized Person

Form No. 631 Revised 09/07

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