



**State of Rhode Island
Department of State - Business Services Division**

**Annual Report for the year: 2024
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.

STAMP
APR 05 2024
1555

1. Entity ID Number 26868	2. Exact name of the Corporation Burrillville Economic Development Partnership
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To promote and nurture the creation of quality job opportunities and the expansion of the commercial tax base in the Town of Burrillville.
4. NAICS Code 237210	

6. Principal Office Address 105 Harrisville Main Street	City Harrisville	State RI	Zip 02830
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey J. Barr			Vice-President Name none		
Street Address 210 North Shore Drive			Street Address		
City Glendale	State RI	Zip 02826	City	State	Zip
Secretary Name Jeffrey J. Barr			Treasurer Name Jeffrey J. Barr		
Street Address 210 North Shore Drive			Street Address 210 North Shore Drive		
City Glendale	State RI	Zip 02826	City Glendale	State RI	Zip 02826

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeffrey J. Barr			Director Name Roger E. Lapierre		
Street Address 210 North Shore Drive			Street Address 230 North Shore Drive		
City Glendale	State RI	Zip 02826	City Glendale	State RI	Zip 02826
Director Name Kevin Plante			Director Name Gary Rouleau		
Street Address 425 Mowry Street			Street Address 1221 Victory Highway		
City Harrisville	State RI	Zip 02830	City Oakland	State RI	Zip 02858

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 Jeffrey J. Barr	Date 1/24/24
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Signature of Officer/Authorized Representative

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov