



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

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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.

1. Entity ID Number 001701950		2. Exact name of the Corporation Karen A. Bradshaw Memorial Charity Fund					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO RAISE MONEY FOR CANCER RESEARCH IN HONOR OF KAREN BRADSHAW, PAULINE MINUTO AND KIMBERLY LIMA-RITACCO, MOTHERS WE HAVE LOST TO BILE DUCT CANCER, AND TO HELP THE LESS FORTUNATE BY DONATING PROCEEDS FROM THE ANNUAL KAREN A. BRADSHAW MEMORIAL GOLF TOURNAMENT TO VARIOUS CHARITABLE CAUSES.					
4. NAICS Code 813219							
6. Principal Office Address 3560 Quaker Lane				City North Kingstown		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Matthew Bradshaw			Vice-President Name John Bradshaw				
Street Address 3560 Quaker Lane			Street Address 154 Kingston Road				
City North Kingstown		State RI	Zip 02852		City Exeter	State RI	Zip 02822
Secretary Name			Treasurer Name				
Street Address			Street Address				
City		State	Zip		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 <input type="checkbox"/>							
Director Name John Bradshaw			Director Name Kelly Ritacco				
Street Address 154 Kingston Road			Street Address 44 Captain John Wightman Lane				
City Exeter		State RI	Zip 02822		City North Kingstown	State RI	Zip 02822
Director Name Thomas Minuto			Director Name				
Street Address 34 Terrace Drive			Street Address				
City East Greenwich		State RI	Zip 02818		City	State	Zip
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.							
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>							
Name of Officer/Authorized Representative Jasmine Carcieri, Authorized Representative						Date 4/11/2024	
Signature of Officer/Authorized Representative <i>Jasmine Carcieri</i>						<div style="text-align: center;"> <p>APR 15 2024</p> <p>BY <u>SZU4A</u></p> </div>	

MAIL TO:
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