



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 <b>001701950</b>		2. Exact name of the Corporation <b>Karen A. Bradshaw Memorial Charity Fund</b>			
3. State of Incorporation <b>Rhode Island</b>		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 <b>813219</b>					
6. Principal Office Address <b>3560 Quaker Lane</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Matthew Bradshaw</b>			Vice-President Name <b>John Bradshaw</b>		
Street Address <b>3560 Quaker Lane</b>			Street Address <b>154 Kingston Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John Bradshaw</b>			Director Name <b>Kelly Ritacco</b>		
Street Address <b>154 Kingston Road</b>			Street Address <b>44 Captain John Wightman Lane</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02822</b>
Director Name <b>Thomas Minuto</b>			Director Name		
Street Address <b>34 Terrace Drive</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Jasmine Carcieri, Authorized Representative</b>					Date <b>4/11/2024</b>
Signature of Officer/Authorized Representative <i>Jasmine Carcieri</i>					<b>FILED</b> <b>APR 15 2024</b> <b>BY SZU4A</b>

MAIL TO:  
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