



State of Rhode Island
Department of State - Business Services Division

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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.

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
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
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
Director Name Thomas Minuto		Director Name	
Street Address 34 Terrace Drive		Street Address	
City East Greenwich	State RI	Zip 02818	City
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>			APR 15 2024

FILED 10/2

BY SZU4A

MAIL TO:
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Website: www.sos.ri.gov