



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Annual Report for the year:
Non-Profit Corporation

2024

- 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 1699208		2. Exact name of the Corporation Big John Hewitt Foundation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fund Raiser to help family and make Donations to other Charities in John Hewitts Name.	
4. NAICS Code 624190			
6. Principal Office Address 16 Apple Tree Lane		City Johnston	State RI Zip 02919
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name BRUNO DiBIASIO		Vice-President Name Kayli' Brianna Chenault	
Street Address 16 Apple Tree Lane		Street Address 141 High St	
City Johnston	State RI	City Westerly	State RI
Secretary Name Jeff Wheeler		Treasurer Name Stephanie Johnson	
Street Address 13 Kern Ace Drive		Street Address 16 Apple Tree Lane	
City Johnston	State RI	City Johnston	State RI
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 BRUNO DiBIASIO		Director Name Kayli' Brianna Chenault	
Street Address 16 Apple Tree Lane		Street Address 141 High St.	
City Johnston	State RI	City Westerly	State RI
Director Name Jeff Wheeler		Director Name Stephanie Johnson	
Street Address 13 Kern Ace Drive		Street Address 16 Apple Tree Lane	
City Johnston	State RI	City Johnston	State RI
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 BRUNO DiBIASIO			Date 4/15/2024
Signature of Officer/Authorized Representative Bruno DiBiasio			FILED

11:29 APR 18 2024
BY ML F7DVR