



State of Rhode Island
Department of State - Business Services Division

FILED
 APR 23 2024
 BY 13955

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 20434 29431 | | 2. Exact name of the Corporation SOUTH KINGSTOWN CHAMBER OF COMMERCE | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Chamber of Commerce | | | |
| 4. NAICS Code 813319 - Other Social Advocacy | | | | | |
| 6. Principal Office Address 230 Old Tower Hill Road | | | City Wakefield | State RI | Zip 02879 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Christine Foisy | | | Vice-President Name Justin Oakley | | |
| Street Address 100 Kenyon Avenue | | | Street Address 322 South Pier Road | | |
| City Wakefield | State RI | Zip 02879 | City Narragansett | State RI | Zip 02882 |
| Secretary Name Holly Henandez | | | Treasurer Name Jeffrey Kreysig | | |
| Street Address 135 Roosevelt Hall URI | | | Street Address 140 Point Judith Road | | |
| City Kingston | State RI | Zip 02881 | City Narragansett | State RI | Zip 02882 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641. | | | | | |
| <i>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> | | | | | |
| <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 Christine Foisy | | | | Date 4-10, 2024 | |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY PSA

| Title | Member | Representing Organization |
|-------------|-------------------|--|
| Chair | Christine Foisy | South County Health |
| Chair Elect | | |
| Vice Chair | Justin Oakley | Oakley Home Access |
| Secretary | Holly Hernandez | University of Rhode Island |
| Treasurer | Jeffrey Kreyssig | Padgett Business Services |
| Past Chair | Lynn Wagner | Bank Newport |
| Director | Joe Viele | SRICC |
| | George McAuliffe | Mews Tavern |
| | Stephanie Toomey | Towne Place Suites by Marriott in N Kingstown |
| | Paul Harden | Small Business Development Council |
| | Aaron Gates | Gates Insurance Agency |
| | Alex Petrucci | Cox Electric LLC |
| | Holly Martin | Carey, Richmond and Viking |
| | Emily Riendeau | The Matunuck Group |
| | Jeremy VonFlatern | Semper Home Loans, Inc. |
| | Rob Sullivan | RI Outdoor Living |
| | Ken Tetzner | Phil's Main Street Grille |
| | Max Willett | Keller Williams Coastal |

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