



State of Rhode Island

Department of State - Business Services Division

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.

FILED

APR 23 2024

BY 13959

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.					
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 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

100029431

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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	R I Outdoor Living
	Ken Tetzner	Phil's Main Street Grille
	Max Willett	Keller Williams Coastal

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