



State of Rhode Island
Department of State - Business Services Division

FILED

APR 23 2024

BY [Signature]

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 57990		2. Exact name of the Corporation The Tomorrow Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Support for children with cancer and pediatric oncology programs at Hasbro Children's Hospital			
4. NAICS Code 813212					
6. Principal Office Address 593 Eddy Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rosemary Huestis			Vice-President Name Catherine Vitalo		
Street Address 29 Stirling Drive			Street Address 28 Sweet Pea Drive		
City N. Scituate	State RI	Zip 02857	City Cranston	State RI	Zip 02921
Secretary Name Joyce Pastore			Treasurer Name Mary Macari		
Street Address 174 Earle Drive			Street Address 242 Plain Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Rosemary Huestis			Director Name Catherine Vitalo		
Street Address 29 Stirling Drive			Street Address 28 Sweet Pea Drive		
City N. Scituate	State RI	Zip 02857	City Cranston	State RI	Zip 02921
Director Name Joyce Pastore			Director Name Mary Macari		
Street Address 174 Earle Drive			Street Address 242 Plain Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Rosemary Huestis				Date 4-17-24	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:
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