



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<br><b>57990</b>  |                 | 2. Exact name of the Corporation<br><b>The Tomorrow Fund</b>   |   |                        |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Support for children with cancer and pediatric oncology programs at Hasbro Children's Hospital</b> |   |                        |                     |
| 4. NAICS Code<br><b>813212</b>   |                 |  |   |                        |                     |
| 6. Principal Office Address<br><b>593 Eddy Street</b>  |                 | City<br><b>Providence</b>  |   | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                        |                     |
| President Name <b>Rosemary Huestis</b>   |                 |  | Vice-President Name <b>Catherine Vitalo</b> |                        |                     |
| Street Address <b>29 Stirling Drive</b>  |                 |  | Street Address <b>28 Sweet Pea Drive</b>    |                        |                     |
| City <b>N. Scituate</b>  | State <b>RI</b> | Zip <b>02857</b>   | City <b>Cranston</b>                        | State <b>RI</b>        | Zip <b>02921</b>    |
| Secretary Name <b>Joyce Pastore</b>  |                 |  | Treasurer Name <b>Mary Macari</b>           |                        |                     |
| Street Address <b>174 Earle Drive</b>  |                 |  | Street Address <b>242 Plain Road</b>        |                        |                     |
| City <b>North Kingstown</b>  | State <b>RI</b> | Zip <b>02852</b>   | City <b>North Kingstown</b>                 | State <b>RI</b>        | Zip <b>02852</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |   |                        |                     |
| Director Name <b>Rosemary Huestis</b>  |                 |  | Director Name <b>Catherine Vitalo</b>       |                        |                     |
| Street Address <b>29 Stirling Drive</b>  |                 |  | Street Address <b>28 Sweet Pea Drive</b>    |                        |                     |
| City <b>N. Scituate</b>  | State <b>RI</b> | Zip <b>02857</b>   | City <b>Cranston</b>                        | State <b>RI</b>        | Zip <b>02921</b>    |
| Director Name <b>Joyce Pastore</b>   |                 |  | Director Name <b>Mary Macari</b>            |                        |                     |
| Street Address <b>174 Earle Drive</b>  |                 |  | Street Address <b>242 Plain Road</b>        |                        |                     |
| City <b>North Kingstown</b>  | State <b>RI</b> | Zip <b>02852</b>   | City <b>North Kingstown</b>                 | State <b>RI</b>        | Zip <b>02852</b>    |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                 |  |   |                        |                     |
| <b>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.</b>        |                 |  |   |                        |                     |
| <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<br><b>Rosemary Huestis</b>   |                 |  |   | Date<br><b>4-17-24</b> |                     |
| Signature of Officer/Authorized Representative<br><u>[Signature]</u>   |                 |  |   |                        |                     |

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