



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001754947

2. Name of Corporation David M. DeCosta Memorial Fund

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990

4. Principal Office Address

No. and Street: 222 GARDEN CITY DRIVE

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE DAVID M. DECOSTA MEMORIAL FUND SEEKS TO AID YOUNG LEADERS WHO EXEMPLIFY QUALITIES OF LEADERSHIP, KINDNESS AND CREATIVITY WITH SCHOLARSHIP FUNDS TO ACHIEVE THEIR EDUCATIONAL DREAMS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	BRIANNA MONTECALVO	147 LAWNACRE DRIVE CRANSTON, RI 02920 USA
DIRECTOR	ISABELLA MONTECALVO	24 SOUTH CRESTVIEW DRIVE NORTH SCITUATE, RI 02857 USA
DIRECTOR	MICHAEL MONTECALVO	24 SOUTH CRESTVIEW DRIVE NORTH SCITUATE, RI 02857 USA
DIRECTOR	KIMBERLY DECOSTA	222 GARDEN CITY DR CRANSTON, RI 02920 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KIMBERLY DECOSTA 222 GARDEN CITY DRIVE CRANSTON , RI 02920

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of April, 2024 at 12:34:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BRIANNA MONTECALVO
Signature of Authorized Person

Form No. 631
Revised 09/07

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