

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. 001740785
- 2. Name of Corporation Boston Post Road Historical Foundation
- 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 <u>click here.</u>

NAICS Code

<u>813312</u>

4. Principal Office Address

No. and Street: 8025 POST ROAD

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

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

SUPPORT AND PROMOTE THE HISTORICAL SIGNIFICANCE OF THE BOSTON POST ROAD IN RHODE ISLAND AND ELSEWHERE.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	GREG TOLBERT	8025 OLD POST ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	KARA LARSEN	8025 OLD POST ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ZOE TOLBERT	8025 OLD POST ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	GREG TOLBERT	9603 39TH LOOP NE OLYMPIA, WA 98516 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

KARA LARSEN 8025 OLD POST ROAD NORTH KINGSTOWN, RI 02852

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

Signed this 29 Day of April, 2024 at 1:30:19 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 **GREG TOLBERT**

Signature of Authorized Person

Form No. 631 Revised 09/07

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