



**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.** 001730956

**2. Name of Corporation** Zested Research Institute

**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

813319

**4. Principal Office Address**

No. and Street: 423 SOWAMS ROAD

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

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

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES AS SUCH TERMS ARE DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BERNARD LAMBRESE	36 RELIANCE DRIVE BRISTOL, RI 02809 USA
SECRETARY	DAVID CROSTON	423 SOWAMS ROAD BARRINGTON, RI 02806 USA
DIRECTOR	GYAN PAREEK MD	499 WASHINGTON ROAD BARRINGTON, RI 02806 USA
DIRECTOR	JOSEPH HALEY	19 SEA GRASS WAY NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	BERNARD LAMBRESE	36 RELIANCE DRIVE BRISTOL, RI 02809 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**

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904

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

**Signed this 1 Day of May, 2024 at 10:03:43 AM 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 GYAN PAREEK  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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