



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 03 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 001715684		2. Exact name of the Corporation The Beacon Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-Profit organization, organized and operated exclusively for charitable, educational and scientific purposes within the meaning of Section 501(c)(3)			
4. NAICS Code 813211					
6. Principal Office Address One Beacon Centre			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian J. Spero			Vice-President Name Amy C. Vitale		
Street Address One Beacon Centre			Street Address One Beacon Centre		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Amy C. Vitale			Treasurer Name Gregg C. Tumeinski		
Street Address One Beacon Centre			Street Address One Beacon Centre		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Brian J. Spero			Director Name Amy C. Vitale		
Street Address One Beacon Centre			Street Address One Beacon Centre		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Raymond C. Coia			Director Name Rajani Mahadevan		
Street Address One Beacon Centre			Street Address One Beacon Centre		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Amy C. Vitale, Vice President, Secretary				Date 4/22/2024	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:
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