



**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. 001746614

2. Name of Corporation The Arc 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 [click here](#).

NAICS Code

813211

4. Principal Office Address

No. and Street: 42 HAZARD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

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

THE CORPORATION IS A CHARITABLE ORGANIZATION FOCUSED ON RAISING
AND
DISTRIBUTING FUNDS AND GENERATING AWARENESS FOR HIGH-IMPACT
CHARITABLE
PROJECTS WHICH SERVE AND TRANSFORM THE LIVES OF ORPHANS, WIDOWS,
AND OTHER
PEOPLE IN NEED AROUND THE WORLD, AND TO CARRY ON ANY OTHER LAWFUL
ACTIVITY

AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A
CORPORATION
FORMED UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT, R.I. GEN.
LAWS 7-
6, ET SEQ.

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
DIRECTOR	DAVID FERST	65 HERMIT LANE KENTFIELD, CA 94904 USA
DIRECTOR	CHRIS SATTI	42 HAZARD AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	LANCE KARNAN	6 MOUNT WITTENBURG CT. SAN RAFAEL, CA 94903 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

BENJAMIN L. RACKLIFFE, ESQ. NORTHWOODS OFFICE PARK 1301 ATWOOD AVENUE, SUITE
215N JOHNSTON , RI 02919

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

Signed this 10 Day of May, 2024 at 4:47:25 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 BENJAMIN L. RACKLIFFE
Signature of Authorized Person