



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAY 20 2024

BY *1018*

1. Entity ID Number 796951		2. Exact name of the Corporation Vincenzo Nigro Memorial Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support and conduct programs that provide assistance to needy individuals in Rhode Island.			
4. NAICS Code 624190					
6. Principal Office Address 26 Horne Drive			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda Keegan			Vice-President Name Diana Zerbarini		
Street Address 26 Horne Drive			Street Address 27 Horne Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Abiageal Keegan			Treasurer Name John Rafferty		
Street Address 26 Horne Drive			Street Address 9 Sesame Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Linda Keegan			Director Name Diana Zerbarini		
Street Address 26 Horne Drive			Street Address 27 Horne Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Abiageal Keegan			Director Name John Rafferty		
Street Address 26 Horne Drive			Street Address 9 Sesame Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Linda Keegan				Date 5/1/24	
Signature of Officer/Authorized Representative <i>Linda Keegan</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov