	State of Rhode Office of the Secreta	
	<b>Division Of Busines</b>	ss Services
	148 W. River S	
1626	Providence RI 029	
1030	(401) 222-30	040
Non-Profit Corporation Annual Report Filing Period: February 1 - May	/ 1	
In accordance with R.I.G.L. 7-6 annual report within the time p penalty fee of \$25.00.	· · ·	
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR <b>2</b>	<b>2024</b> : <u>2024</u>
1. Corporate ID No. 0009	<u>33115</u>	
2. Name of Corporation <u>RIE</u>	Burn Foundation, Inc.	
3. State of Incorporation		
State: <u>RI</u>		
	NAICS CODE	1
primary type of activity in whi	ch your entity engages. The d on the chosen selection. If	ne classification title that describes the e box to the right of the dropdown will f the NAICS Code is known, enter it into the assification <u>click here.</u>
NAICS Code		
<u>813219</u>		
4. Principal Office Address		
No. and Street: 593 EDDY	Y STREET, APC 435	
City or Town: <u>PROVIDE</u>		State: <u>RI</u> Zip: <u>02903</u> Country: <u>USA</u>
5. Brief Description of the Ch	naracter of the Affairs Condu	lucted in Rhode Island
PROMOTE FIRE SAFETY	AND BURN PREVENTIO	ON EDUCATION AND RELATED
ACTIVITIES		
6. Names and Addresses of	the Officers and Directors:	
All Directors and Officers m Island Corporation shall not		he number of DIRECTORS of a Rhode
Title	Individual Name	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID T. HARRINGTON, MD	41 MARION STREET EAST GREENWICH, RI 02818 USA
SECRETARY	LYNNE BENAVIDES	15 FRANCES BARBER DR. HOPE VALLEY, RI 02832 USA
DIRECTOR	CASEY OROURKE	4 CURTIS LANE FRANKLIN, MA 02038 USA
DIRECTOR	GINA RUSSO	78 WILBUR AVE. CRANSTON, RI 02920 USA
DIRECTOR	BRUCE COOLEY	347 COVE AVE. WARWICK, RI 02889 USA
DIRECTOR	WILLIAM SMITH	1 EXCHANGE TERRACE PROVIDENCE, RI 02903 USA
DIRECTOR	EVAN KATZ	33 FOWLER ST. JAMESTOWN, RI 02835 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

DAVID T. HARRINGTON, MD 593 EDDY STREET, APC 435 PROVIDENCE , RI 02903

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 May, 2024 at 3:20:03 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 DAVID HARRINGTON

Signature of Authorized Person

Form No. 631 Revised 09/07

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