



**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.** 001694178

**2. Name of Corporation** Michael Lorenzen Foundation, Inc.

**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

813219

**4. Principal Office Address**

No. and Street: 931 JEFFERSON BOULEVARD

SUITE 2004

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

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

SAID CORPORATION IS ORGANIZED WITHOUT CAPITAL STOCK AND IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR ONE OR MORE OF THE FOLLOWING PURPOSES: RELIGIOUS, CHARITABLE, SCIENTIFIC, TESTING FOR PUBLIC SAFETY, LITERARY, OR EDUCATIONAL PURPOSES, AS SPECIFIED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 (OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW AND THE REGULATIONS PROMULGATED THEREUNDER (THE

CODE). SUCH PURPOSES SHALL BE FURTHERED BY ACTIVITIES, WHICH INCLUDE, BUT ARE NOT LIMITED TO: (A) GRANTING EDUCATION SCHOLARSHIPS FOR CHILDREN DIAGNOSED WITH AUTISM; AND (B) TRANSACTING ANY OTHER LAWFUL ACTIVITY OR BUSINESS IN WHICH CORPORATIONS MAY BE ENGAGED UNDER THE RHODE ISLAND NON-PROFIT CORPORATION ACT AS IN EFFECT FROM TIME TO TIME.

**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	KELLIE TAYLOR	21 PARTRIDGE DR. EXETER, RI 02822 USA
SECRETARY	JULIA BASS	14 B VICTORY STREET CUMBERLAND, RI 02864 USA
VICE PRESIDENT	CAROLINE MORIARTY	494 VOLUNTOWN RD GRISWOLD, CT 06351 USA
DIRECTOR	KELLIE TAYLOR	21 PARTRIDGE DR. EXETER, RI 02822 USA
DIRECTOR	CAROLINE MORIARTY	494 VOLUNTOWN RD GRISWOLD, CT 06351 USA
DIRECTOR	JASON TAYLOR	21 PARTRIDGE DR. EXETER, RI 02822 USA
DIRECTOR	JULIA BASS	14 B VICTORY STREET CUMBERLAND, RI 02864 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**

EVERETT A. PETRONIO, JR., ESQ. 931 JEFFERSON BOULEVARD, SUITE 2004 WARWICK , RI 02886

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

**Signed this 31 Day of May, 2024 at 1:54:26 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 EVERETT A. PETRONIO, JR., ESQ.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved