



**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.** 001712650

**2. Name of Corporation** Scituate Business Association of Rhode Island

**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

813910

**4. Principal Office Address**

No. and Street: 175 DANIELSON PIKE

P.O. BOX 38

City or Town: NORTH SCITUATE

State: RI Zip: 02857 Country: USA

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

THE PURPOSES OF THE SBA SHALL BE 1. TO ESTABLISH AN ASSOCIATION OF BUSINESSES AND ORGANIZATIONS, LOCATED WITHIN THE VILLAGES OF THE TOWN OF SCITUATE; 2. TO PROMOTE AND ENCOURAGE THE CREATION AND/OR EXPANSION OF BUSINESS AND ORGANIZATION ENTERPRISES LOCATED WITHIN THE VILLAGES OF THE TOWN OF SCITUATE; 3. TO PROMOTE AND ENCOURAGE A CLIMATE FAVORABLE TO SCITUATE -BASED BUSINESSES AND ORGANIZATIONS; 4. TO ENCOURAGE ACTIVE PARTICIPATION BY LOCAL BUSINESSES.

ORGANIZATIONS, AND PERSONS AND BY SCITUATE CITIZENS IN ALL THINGS RELATED TO SCITUATE BUSINESS AND ORGANIZATION DEVELOPMENT; 5. TO UNITE THE MEMBERS OF THE SCITUATE BUSINESS AND ORGANIZATION COMMUNITY, AND TO PROMOTE A GREATER SENSE OF UNITY AND ESPRIT AMONG THE SBA MEMBERSHIP.

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
INCORPORATOR	MARJORIE HARTFORD	929 PLAINFIELD PIKE NORTH SCITAUTE, RI 02857 USA
DIRECTOR	MICHELINE LOMBARDI	117 CENTRAL PIKE NORTH SCITUATE, RI 02857 USA
DIRECTOR	BRYAN SCHMELING	26 HARTFORD PIKE NORTH SCITUATE, RI 02857 USA
DIRECTOR	GENE HUTNAK	622 WEST GREENVILLE RD NORTH SCITUATE, RI 02857 USA
DIRECTOR	MARJORIE HARTFORD	929 PLAINFIELD PIKE NORTH SCITUATE, RI 02857 USA
DIRECTOR	BRENDA FREDERICKSON	985 CHOPMIST HILL RD NORTH SCITUATE, RI 02857 USA
DIRECTOR	TIFFANY LEFORT	135 DANIELSON PIKE NORTH SCITUATE, RI 02857 USA
DIRECTOR	CHRISTOPHER CALUORI	629 WEST GREENVILLE RD NORTH SCITUATE, RI 02857 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

MARJORIE HARTFORD 175 DANIELSON PIKE P.O. BOX 38 NORTH SCITUATE , RI 02857

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

Signed this 6 Day of June, 2024 at 4:08:36 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 TIFFANY LEFORT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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