



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.

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1. Entity ID Number 001758954		2. Exact name of the Corporation TL40 Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Help support with research of mental health illnesses. Give financial support to organizations helping the mentally ill in their darkest time. Provide to individuals who are struggling financially due to mental illness.			
4. NAICS Code 624190					
6. Principal Office Address 112 Prescott Avenue			City East Providence	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 William Michael Lewis			Director Name Anne Whittum		
Street Address 112 Prescott Avenue			Street Address 106 Greenwich Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Director Name Susan Belliveau			Director Name		
Street Address 81 Greylock Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative William Michael Lewis				Date 06/25/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov