

REC'D RIDG5 BSD
24 JUL 12 PM 2:49:30



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023

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.

1 Entity ID Number 000132159	2 Exact name of the Corporation WILDBERRY APARTMENTS INC.		
3 State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To provide affordable housing to elderly and disabled persons on a nonprofit basis.		
4 NAICS Code 624120			
6. Principal Office Address 861A Broad Street	City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Frank T. Shea		Vice-President Name Vicky Walters	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	Zip 02907	City Providence
State RI	Zip 02907	State RI	Zip 02907
Secretary Name Kristin DeKuiper		Treasurer Name Kristin DeKuiper	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	Zip 02907	City Providence
State RI	Zip 02907	State RI	Zip 02907
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 Maghnee Gomes		Director Name Peter Lau	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	Zip 02907	City Providence
State RI	Zip 02907	State RI	Zip 02907
Director Name Michelle Brophy		Director Name Larry Kellam	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	Zip 02907	City Providence
State RI	Zip 02907	State RI	Zip 02907
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 Frank T. Shea, President			Date 7/9/2024
Signature of Officer/Authorized Representative 			

MAIL TO: SACBFSABFA4454
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUL 12 2024
BY *49216*

AA-2:50pm