



State of Rhode Island
Department of State - Business Services Division

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 RI, DEPT. OF STATE
 BUS. SVCS. DIV.
 2024 SEP 18 PM 3:31

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 001336041	2 Exact name of the Corporation Bob's Big Give		
3. State of Incorporation RI	5 Brief description of the character of business conducted in Rhode Island To aid those in need and help them establish a better quality of life.		
4. NAICS Code 813319			
6. Principal Office Address 55 East Terrace		City Portsmouth	State RI
		Zip 02871	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert Sewall, Sr		Vice-President Name Robert Sewall, Jr	
Street Address 55 East Terrace		Street Address 55 East Terrace	
City Portsmouth	State RI	Zip 02871	City Portsmouth
			State RI
			Zip 02871
Secretary Name Myvette Sousa		Treasurer Name Caitlin Pedrotty	
Street Address 259 Wolcott Avenue		Street Address 38 Ferreira Avenue	
City Middletown	State RI	Zip 02842	City Portsmouth
			State RI
			Zip 02871
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 Robert Sewall, Sr		Director Name Robert Sewall, Jr	
Street Address 55 East Terrace		Street Address 55 East Terrace	
City Portsmouth	State RI	Zip 02871	City Portsmouth
			State RI
			Zip 02871
Director Name Myvette Sousa		Director Name Caitlin Pedrotty	
Street Address 259 Wolcott Avenue		Street Address 38 Ferreira Avenue	
City Middletown	State RI	Zip 02842	City Portsmouth
			State RI
			Zip 02871
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 Caitlin Pedrotty			Date 9/17/24
Signature of Officer/Authorized Representative <i>Caitlin Pedrotty</i>			FILED

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

SEP 18 2024
 BY: CTFF 331
 FORM 631 - Revised 04/2023