



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.

RI DOS MADE EDITS PER FILER

1. Entity ID Number <u>000 124 259</u>		2. Exact name of the Corporation <u>Blue Bus Foundation Inc.</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Provide Support For Food Pantry, Scholarships (Laymen in N.K. Schools) & Financial Projects.</u>	
4. NAICS Code <u>813 819</u>		RI DOS MADE EDITS PER FILER	
6. Principal Office Address <u>40 OAKLAND AVE</u>		City <u>North Kingstown</u>	State <u>RI</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment		Zip <u>02882</u>	RECEIVED DEPT OF STATE BUSINESS DIVISION AUG 14 2024
President Name <u>Teri Ols</u>		Vice-President Name <u>Thomas Brennan</u>	
Street Address <u>40 OAKLAND AVE.</u>		Street Address <u>57 Jenkins Ct</u>	
City <u>No. Kingstown RI</u>	State <u>RI</u>	City <u>No Kingstown</u>	State <u>RI</u>
Zip <u>02882</u>		Zip <u>02882</u>	
Secretary Name <u>Maggie Skayon</u>		Treasurer Name <u>Teri Ols</u>	
Street Address <u>Finch Lane</u>		Street Address <u>Same as above</u>	
City <u>South Kingstown</u>	State <u>RI</u>	City	State
Zip <u>02874</u>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Teri Ols</u>		Director Name <u>Maggie Skayon</u>	
Street Address <u>Same as above</u>		Street Address <u>Same as above</u>	
City	State	City	State
Zip		Zip	
Director Name <u>Thomas Brennan</u>		Director Name	
Street Address <u>Same as above</u>		Street Address	
City	State	City	State
Zip		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Thomas Brennan</u>			Date <u>9/19/24</u>
Signature of Officer/Authorized Representative <u>Thomas Brennan</u>			

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

FILED

SEP 25 2024 FORM 631- Revised: 04/2023

BY BJAH
10.4.24
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