

**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 2025: 2025**1. Corporate ID No.** 001709115**2. Name of Corporation** GRCIndex**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

813920**4. Principal Office Address**No. and Street: 5 GRANDSTAND DRIVE
99999City or Town: LINCOLNState: RI Zip: 02865 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: TO PROVIDE EDUCATION ON ADVANCED TECHNOLOGIES, COGNITIVE AND

BEHAVIORAL SCIENCE AND THE INTEGRATION OF RISK MANAGEMENT.

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
PRESIDENT	JAMES BONE	5 GRANDSTAND DRIVE LINCOLN, RI 02865 US
PRESIDENT	JAMES BONE	5 GRANDSTAND DR, LINCOLN RI 02865 LINCOLN, RI 02865 UNI
TREASURER	DEBORAH BONE	5 GRANDSTAND DRIVE LINCOLN, RI 02865 USA
SECRETARY	AVERY ORTIZ	1053 2ND ST UNIT 2 LAFAYETTE , CA 94549 USA
DIRECTOR	AVERY ORTIZ	1053 2ND ST UNIT 2 LAFAYETTE , CA 94549 USA
DIRECTOR	JAMES BONE	5 GRANDSTAND DRIVE LINCOLN, RI 02865 USA
DIRECTOR	DEBORAH BONE	5 GRANDSTAND DRIVE LINCOLN, RI 02865 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

NORTHWEST REGISTERED AGENT LLC 47 WOOD AVE, SUITE 2 BARRINGTON , RI 02806

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

Signed this 21 Day of November, 2024 at 7:19:06 AM 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 JAMES BONE
Signature of Authorized Person

Form No. 631
Revised 09/07