



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: **2025**

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.

JAN 17 2025

BY *10200*

1. Entity ID Number 001776887		2. Exact name of the Corporation THE ALLIE SAAD LEARN DO HEAL AND LOVE FOUNDATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE SCHOLARSHIPS AND GRANTS	
4. NAICS Code 813990			
6. Principal Office Address 133 VICTORY HIGHWAY		City BURRILLVILLE	State RI
		Zip 02839	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name AIMEE SAAD		Vice-President Name STEVEN SAAD	
Street Address 133 VICTORY HIGHWAY		Street Address 133 VICTORY HIGHWAY	
City BURRILLVILLE	State RI	Zip 02839	City BURRILLVILLE
			State RI
			Zip 02839
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 AIMEE SAAD		Director Name STEVEN SAAD	
Street Address 133 VICTORY HIGHWAY		Street Address 133 VICTORY HIGHWAY	
City BURRILLVILLE	State RI	Zip 02839	City BURRILLVILLE
			State RI
			Zip 02839
Director Name PATRICK O'DONNELL		Director Name	
Street Address 1011 SMITHFIELD AVE.		Street Address	
City LINCOLN	State RI	Zip 02865	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 AIMEE SAAD			Date <i>1/15/25</i>
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:
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Website: www.sos.ri.gov