RI SOS Filing Number: 202563443070 Date: 1/28/2025 4:00:00 PM



State of Rhode Island

**Department of State - Business Services Division** 

Annual Report for the year: **Non-Profit Corporation** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00 → Penalty: Additional \$25,00 fee if the second	form is not filed by	May 31.		i.	<u>ن</u>
Entity ID Number	2. Exact name of			,	
1699208	Big	John 1	Henitt tands to	30	
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	fund	RAISM	to help framily and to make		
4. NAICS Code 6 241 90	Douptions		en Chae, ties in		
6. Principal Office Address		•	City,	State	Zip
16 Apple mee	LANC		Juhrston	RI	02919
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Bruno Di BIASIO			Vice-President Name Aul, Binner Chance H		
Street Address / 6 Apple Tree Lane			Street Address/41 High St		
City Tohns ton	State RT	Zip 02919	City Weskely	State RI	<sup>2</sup> 82891
Secretary Name Well Wheeler			Treasurer Name Tephale Tohrson		
Street Address Kean Are De			Street Address & Am & Thee Lane		
City Whrs for	State RT	Zip 2919	City John Sta	State /CT	Zip 02419
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name			Director Name // // //		
AUNO DI ISIASIO			Ray 1. Brimma Cheva +		
Street Address 16 Apple There La			Street Address: 11 High St.		
City Tohnston	State	zio 2919	City Westary	State	Z122991
Director Name Text Wheelen			Director Name Top Press ( Toposo~		
Street Address Ken Acre Dr			Street Address & And Thee La		
CITY JOHNSLA	State	z182919	City Day Sta	State	Zy29/9
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-Rresident, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative				Date 28/25	
Signature of Officer/Authorized Representative					
Signature of Officer/Authorized Representative					
MAIL TO: FILED 11 - AR					

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1150 11:40

JAN 28 2025