



State of Rhode Island
Department of State - Business Services Division

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.

STATE

SECRETARY OF STATE
USE

REC'D 05:55D
25 JAN 28 2025 11:48:24

1. Entity ID Number <u>1699208</u>		2. Exact name of the Corporation <u>Big John Hewitt Foundation</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Fund Raiser to help family and to make donations to other charities in John Hewitt name</u>	
4. NAICS Code <u>624190</u>			
6. Principal Office Address <u>16 Apple Tree Lane</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Bruno Di Biasio</u>		Vice-President Name <u>Kayli Brimma Chavall</u>	
Street Address <u>16 Apple Tree Lane</u>		Street Address <u>141 High St.</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Westbury</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02891</u>	
Secretary Name <u>Jeff Wheeler</u>		Treasurer Name <u>Stephanie Johnson</u>	
Street Address <u>13 Kean Ave Dr</u>		Street Address <u>16 Apple Tree Lane</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
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 <u>Bruno Di Biasio</u>		Director Name <u>Kayli Brimma Chavall</u>	
Street Address <u>16 Apple Tree Ln</u>		Street Address <u>141 High St.</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Westbury</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02891</u>	
Director Name <u>Jeff Wheeler</u>		Director Name <u>Stephanie Johnson</u>	
Street Address <u>13 Kean Ave Dr</u>		Street Address <u>16 Apple Tree Ln</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
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>Bruno Di Biasio</u>			Date <u>1/28/25</u>
Signature of Officer/Authorized Representative <u>Bruno Di Biasio</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 11:48

JAN 28 2025

FORM 631- Revised 12/2023

BY YF4CD