RI SOS Filing Number: 202563984500 Date: 2/4/2025 6:31:00 PM



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**: <u>2025</u>

- 1. Corporate ID No. 001752428
- 2. Name of Corporation The Nanci Fiore-Chettiar Foundation
- 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 <u>click here.</u>

NAICS Code

813319

4. Principal Office Address

No. and Street: 56 SHERWOOD DR

City or Town: WESTERLY State: RI Zip: 02891 Country: US

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE NANCI FIORE-CHETTIAR FOUNDATION 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 SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE

CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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
INCORPORATOR	TRICIA FIORE	56 SHERWOOD DR WESTERLY, RI 02891 US
DIRECTOR	TRICIA FIORE	56 SHERWOOD DR WESTERLY, RI 02891 US
DIRECTOR	NICHOLAS FIORE-CHETTIAR	56 SHERWOOD DR WESTERLY, RI 0289 US
DIRECTOR	TAYLOR FIORE-CHETTIAR	56 SHERWOOD DR WESTERLY, RI 02891 US
DIRECTOR	KASEY FIORE-CHETTIAR	56 SHERWOOD DR WESTERLY, RI 02891 US
DIRECTOR	BENJAMIN MIAMOTO	1380 QUINCY ST NW 5B WASHINGTON DC, 20011 US
DIRECTOR	SCOTT CHAMBERLAIN	1015 EUCLID ST NW, APT 01 WASHINGTON, DC, 20001 US
DIRECTOR	DEVON SANFORD	1921 KALORAMA RD NW, APT 202 WASHINGTON DC, 20009 US
DIRECTOR	STEFANIE FONTANA	195 HIGH ST WESTERLY, RI 02891 USA
DIRECTOR	KEOWA LAFONTAINE	600 SHENNECOSSETT RD, APT B GROTON, CT 06340 US

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

TRICIA FIORE 56 SHERWOOD DRIVE WESTERLY, RI 02891

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

Signed this 4 Day of February, 2025 at 6:36:46 PM 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 TRICIA FIORE

Signature of Authorized Person

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