State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

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. 001340440

2. Name of Corporation The Teddy Borges Memorial Fund

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
624190

4. Principal Office Address

No. and Street: 1 INDIAN ROAD
City or Town: RIVERSIDE State: RI Zip: 02915 Country: USA

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

THE MISSION OF THE TEDDY BORGES MEMORIAL FUND FOR ANIMALS IS TO PROVIDE FINANCIAL HELP FOR PEOPLE IN THE COMMUNITY WHO FALL ON BAD TIMES (FIRE, ETC) AND ANY ANIMAL THAT HAS BEEN INJURED OR HURT. THIS FUND WOULD PROVIDE FINANCIAL HELP TO THE VETERINARIAN WHO IS TAKING CARE OF THE ANIMAL. THIS FUND ALSO WILL HELP PEOPLE WHO CANNOT AFFORD THEIR VETERINARY BILL WITH FINANCIAL HELP. IT WILL ALSO HELP LOCAL SHELTERS AND VET CLINICS WE WANT TO HELP AS MANY ANIMALS AS WE CAN; THEY ALL DESERVE CARE AND TREATMENT. 100% OF THE PROCEEDS GO TO

THE TEDDY BORGES MEMORIAL FUND FOR ANIMALS. THE MORE MONEY WE RAISE, THE MORE ANIMALS WE CAN HELP IN MY DAD'S MEMORY.

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
DIRECTOR	ERIC NUNES	1 INDIAN RD RIVERSIDE, RI 02915 USA
DIRECTOR	JOANNE BORGES	1 INDIAN RD RIVERSIDE, RI 02915
DIRECTOR	KIM NUNES	1 INDIAN RD RIVERSIDE, RI 02915 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

KIM NUNES 1 INDIAN ROAD RIVERSIDE , RI 02915

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

Signed this 8 Day of February, 2025 at 3:22:25 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 KIM NUNES
Signature of Authorized Person

Form No. 631
Revised 09/07