



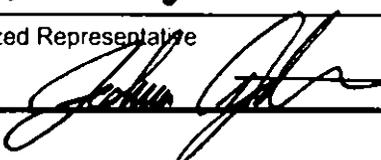
State of Rhode Island
Department of State - Business Services Division

RECORDED
25 FEB 12 AM 10:47:3
MP

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.

| | | | | | |
|--|--------------------|--|--|---|---------------------|
| 1. Entity ID Number 000567432 | | 2. Exact name of the Corporation The George and Mary Agostini Family Foundation, Inc. | | | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island To make contributions to charities | | | |
| 4. NAICS Code 813211 | | | | | |
| 6. Principal Office Address 243 Narragansett Park Drive | | | City East Providence | State RI | Zip 02916 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Joshua Agostini | | | Vice-President Name David G. Agostini | | |
| Street Address 243 Narragansett Park Drive | | | Street Address 30 Emily Way | | |
| City East Providence | State RI | Zip 02916 | City Seekonk | State MA | Zip 02771 |
| Secretary Name Joshua Agostini | | | Treasurer Name Joshua Agostini | | |
| Street Address 243 Narragansett Park Drive | | | Street Address 243 Narragansett Park Drive | | |
| City East Providence | State RI | Zip 02916 | City East Providence | State RI | Zip 02916 |
| 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 Joshua Agostini | | | Director Name Paula J. Bizier | | |
| Street Address 243 Narragansett Park Drive | | | Street Address 243 Narragansett Park Drive | | |
| City East Providence | State RI | Zip 02916 | City East Providence | State RI | Zip 02916 |
| Director Name Steven J. Agostini | | | Director Name David G. Agostini | | |
| Street Address 120 Cameron Way | | | Street Address 30 Emily Way | | |
| City Rehoboth | State MA | Zip 02769 | City Seekonk | State MA | Zip 02771 |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641. | | | | | |
| <i>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> | | | | | |
| <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 Joshua Agostini | | | | Date 2/5/2025 | |
| Signature of Officer/Authorized Representative  | | | | FILED FEB 12 2025 W553J  | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov