



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.

REC'D RI SOS BSD  
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1. Entity ID Number <u>001760461</u>		2. Exact name of the Corporation <u>NUKE team Research and Wellness Center</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Spiritual Research</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>45 Sylvia Ave</u>		City <u>North Providence</u>	State <u>RI</u> Zip <u>02911</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Larry Lee Fisher</u>		Vice-President Name <u>Roberta Ricci</u>	
Street Address <u>45 Sylvia Ave</u>		Street Address <u>45 Sylvia Ave</u>	
City <u>NO. PROV.</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>NO. PROV.</u>
Secretary Name <u>Roberta Ricci</u>		Treasurer Name <u>Larry Fisher</u>	
Street Address <u>45 Sylvia Ave</u>		Street Address <u>45 Sylvia Ave</u>	
City <u>NO. PROV.</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>NO. PROV.</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Larry Lee Fisher</u>		Director Name <u>Ronald DeThomas</u>	
Street Address <u>45 Sylvia Ave</u>		Street Address <u>2067 Mineral Spring Ave</u>	
City <u>NO. PROV.</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>NO. PROV.</u>
Director Name <u>Roberta Ricci</u>		Director Name	
Street Address <u>45 Sylvia Ave</u>		Street Address	
City <u>NO. PROV.</u>	State <u>RI</u>	Zip <u>02911</u>	City
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Roberta Ricci</u>			Date <u>4/14/25</u>
Signature of Officer/Authorized Representative <u>Roberta Ricci</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

APR 14 2025  
BY WTG-JR  
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FORM 631- Revised: 12/2023