State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Corporation
001760461	NUKE team research and Wellness Center
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Spiritual Research
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
45 Sylvia Ave	North Providence	RI	02911

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Larry Lee fisher	Roberta Ricci
Street Address: 45 Sylvia Ave	Street Address: 45 Sylvia Ave
City: No. Prov. / State: RI / Zip: 02911	City: No. Prov. / State: RI / Zip: 02911
Secretary Name: Roberta Ricci	**Treasurer Name:** Larry fisher
Street Address: 45 Sylvia Ave	Street Address: 45 Sylvia Ave
City: No. Prov. / State: RI / Zip: 02911	City: No. Prov. / State: RI / Zip: 02911

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Larry Lee fisher	Ronald DeThomas
Street Address: 45 Sylvia Ave	Street Address: 2067 mineral Spring Ave.
City: No. Prov. / State: RI / Zip: 02911	City: No. Prov. / State: RI / Zip: 02911
Director Name: Roberta Ricci	**Director Name:**
Street Address: 45 Sylvia Ave	Street Address:
City: No Prov. / State: RI / Zip: 02911	City: / State: / Zip:

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	Date
Roberta Ricci	4/14/25

Signature of Officer/Authorized Representative: Roberta Ricci

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

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FORM 631- Revised: 12/2023