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: 2025

1. Corporate ID No. 001672374

2. Name of Corporation FountainHead RI

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
813920

4. Principal Office Address

No. and Street: 97 SCENIC WAY
City or Town: EXETER State: RI Zip: 02822 Country: USA

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

TO ENGAGE IN ANY LAWFUL BUSINESS AND ACTIVITIES AS PERMITTED UNDER THE ACT

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	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	DONALD CARCIERI	59 GINGER TRAIL COVENTRY, RI 02816 USA
DIRECTOR	DAVID ALMONTE	97 SCENIC WAY EXETER, RI 02822 USA
DIRECTOR	JASON DODIER	242 W. 53RD ST., #35D NEW YORK, NY 10019 USA
DIRECTOR	ERICA BUSILLO ADAMS	194 ADELAIDE AVE. PROVIDENCE, RI 02907 USA
DIRECTOR	CHRISTOPHER STEVENS	10 DORRANCE STREET, FLOOR 07 PROVIDENCE, RI 02903 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

DAVID ALMONTE 97 SCENIC WAY EXETER , RI 02822

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

Signed this 16 Day of April, 2025 at 1:03:27 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 DAVID ALMONTE
Signature of Authorized Person

Form No. 631
Revised 09/07