

## State of Rhode IslandDepartment of State - Business Services Division

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period. February 1 - May 1

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→ Filing Fee. \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			5:4 D				
Entity ID Number	2. Exact name of the Corporation						
001715684	The Beac	The Beacon Foundation					
State of Incorporation	5. Brief descrip	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Non-Profit	Non-Profit organization, organized and operated exclusively for charitable,					
4. NAICS Code	educational and scientific purposes in accordance with Section 501(c)(3)						
813211							
6. Principal Office Address			City	State	Zıp		
One Beacon Centre			Warwick	RI	02886		
7. List ALL officers (names and ac	ldresses)		С	heck the box to indicate a	n attachment		
President Name Amy C. Vitale			Vice-President Name Rajani Mahadevan				
Street Address One Beacon Centre			Street Address One Beacon Centre				
City Warwick	State RI	<sup>Zıp</sup> 02886	City Warwick	State RI	Z <sub>ip</sub> 02886		
Secretary Name Rajani Mahadevan			Treasurer Name Gregg C. Tumeinski				
Street Address One Beacon Centre			Street Address One Beacon Centre				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City Warwick	State RI	<sup>Zip</sup> 02886		
8. List ALL directors (names and a	addresses). RI Co	rporations MUST I	ist at least THREE directors.	Check the box to indicate a	n attachment ✓		
Director Name Brian J. Spero			Director Name Amy C. Vitale				
Street Address One Beacon Centre			Street Address One Beacon Centre				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City Warwick	State RI	Zip U2000		
Director Name Rajani Mahadevan			Director Name Gregg C. Tumeinski				
Street Address One Beacon Centre			Street Address One Beacon Centre				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City Warwick	State RI	Zip 02886		
9. The Registered Agent informati	on of record with	the RI Department	of State is accurate. Changes	require filing Form 641	l.		
Under penalty of perjury, I declar statements, and that all statem				accompanying sched	ules and		
This report must be signed by either the Pri	esident, Vice-President	, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Re	presentative, Receiver or Tru	stee		
Name of Officer/Authorized Repre	esentative			Date	_		
Amy C. Vitale, President & CEO				April 22,	2025		
Signature of Officer Authorized Re	epresentative		-u =D				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631- Revised: 12/2023

## The Beacon Foundation - Corporation ID No. 001715684 2025 Annual Report - Attachment

## **Additional Directors**

Raymond C. Coia Michelle N. Pelletier Richard Lento Shannon L. Broadbent One Beacon Centre, Warwick, RI 02886 One Beacon Centre, Warwick, RI 02886 One Beacon Centre, Warwick, RI 02886 One Beacon Centre, Warwick, RI 02886