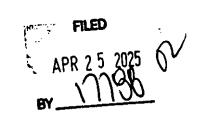
RI SOS Filing Number: 202571811850 Date: 4/25/2025 4:00:00 PM



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.							
1. Entity ID Number	2. Exact name of the Corporation						
57990	The Tomorrow Fund						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Support for children with cancer and pediatric oncology programs at						
4. NAICS Code	Hasbro Children's Hospital						
813212		•					
6. Principal Office Address			City	State		Zip	
593 Eddy Street			Providence	RI	02903		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Rosemary Huestis			Vice-President Name Blake Lave	Vice-President Name Blake Laverdiere			
Street Address 29 Stirling Drive			Street Address 13 Medieval Way				
City N. Scituate	State RI	^{Zip} 02857	City West Warwick	State	RI	Zip 02893	
Secretary Name Joyce Pastore			Treasurer Name Jamie Messier				
Street Address 174 Earle Drive			Street Address 19 Glenwood Drive				
City North Kingstown	State RI	^{Z_{ip}} 02852	City Coventry	State F	RI	ζ _{ιν} 02816	
B. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment.							
Director Name Rosemary Huestis			Director Name Blake Laverdiere				
Street Address 29 Stirling Drive			Street Address 13 Medieval Way				
^{City} N. Scituate	State RI	^{Zip} 02857	City West Warwick	T 64 4.	RI	Zip	
Director Name Joyce Pastore			Director Name Jamie Messier				
Street Address 174 Earle Drive			Street Address 19 Glenwood Drive				
^{City} North Kingstown	State RI	^{Zip} 02852	City Coventry	State R	₹1	^{Zip} 02816	
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				Date1		4	
Rosemary Huestis				4/1	22/1	1015	
Signarus of Officer/Authorized Representative							

MAIL TO: Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

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