RI SOS Filing Number: 202572938420 Date: 5/9/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00

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4. NAICS GODE 4. NAICS GODE 5. CAID (MOSTALY FINANCIAL) IN SCHOOL 5. CHOOL MISHIPS AND ALTER WANDELOVE CHOIST MAS, 5. Principal Office Address 7. List ALL Officers (names and addresses) 7. List ALL Officers (names and addresses) 7. List ALL Officers (names and addresses) 8. President Name 1. Chooling Name 1	JUU AB 1 70 F AND JUNEAR SITE VELL										
4. NAICS Code Scholar Richips and Attour Minister Times than the Year Scholar Richips and Attour Times than the Year 8. Principal Office Address 17 TWIN'S LANE City No. Proving and Experiments Charles A. Lombard Vice-President Name Charles A. Lombard Vice-President Name Charles A. Lombard City No. Proving and addresses) Street Address Trains Lane Street Address S	3. State of Incorporation	5 Brief description of the character of business conducted in Rhode Island									
Scholar Will save of Hobital State 8. Principal Office Address 17 TWING LANE 18. Principal Office Address 19. President Name 19. Check the box to indicate an attachment of Street Address 19. Check the box to indic	RI	AIDING	TINGPEAPHE VA	Lanks	F////3						
Street Address City No. Provident Name Charles A. Lombard Vice-President Name Street Address City No. Prov. State City	4. NAICS Code	OF AID C	MOSTHY	H-LICEYE	UZ ChRI	stmas					
S. Principal Office Address City No. Provided State Zip 029 of	Scholar RShips AND AT HOLIDAS CVIZ.COM										
No. Providence RI 02904	C. Dringing Office Address	=15/4	SIC MAD		State	Zip					
7. List ALL officers (names and addresses) President Name (NARLES A. Lombard) Street Address Street Address City No. Prov. State RI Street Address Street Address Street Address Treasurer Name Street Address Street Address Street Address Treasurer Name Corporations MUST list at least THREE directors. Check the box to indicate an attachment of the part of the par	٠ ١		l '	DT	02904						
President Name Charles A. Lombardi Street Address Street Address Str					<u> </u>						
Street Address Street Address				Vice Dresident Name							
Street Address Steel Address Street	President Name Charles	A. Lomb	CARON HombARDI								
City No. PROV. State RI Zip Zip City No PROV. State RI Zip Zip Zip Director Name Charles Address. RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name Charles Address A. Lambardi Director Name Charles A. Lambardi Director Name Charles Address State Zip	Street Address 13 EVER	GREEN	PKWY	13 EVERG							
Secretary Name ROSE MARY HVDRE0221 Street Address TWINS LANE City No. Prov. State I Zip C2904 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name City No. Prov. State I Zip C2904 Street Address City No. Prov. State Zip City No. Prov. Street Address City No. Prov. State Zip Cit	City No. PROV.	State RI	Zip - 02904	CITY NO PROV.	State RI	02909					
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City No. Prov State I Zip C2904 City No. Prov. State Zip C2904 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name Charles A. Lamber Provided Pro	Street Aridress			Street Address							
B. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Charles A. Lambardi Director Name Charles A. Lambardi Director Name AROK Lombardi Street Address Street Address City N PROV State Zip OZ964 City N PROV State Zip OZ965 City N PROV State Zip OZ964 City N PROV State Zip OZ965 City N PROV State Zip OZ964 City N PROV State Zip OZ965 Other Address Street Address Street Address Street Address Street Address State RI Zip OZ964 City N PROV State Zip OZ965 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. Date			Zip	Oth		Zip @ 2904					
Director Name Charles A. Lambardi Street Address Street Address Street Address City N PROV State Zip OZ964 Director Name State Zip Zip Zip Zip Zip Zip Zip Zi				t at least THREE directors.	e box to indicate an	attachment					
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City N PROV RT 2ip 02964 City PROV State Zip 0296 Director Name Director Name Director Name Director Name Director Name Director Name State RY PROPERTY Street Address Street Address State RT 2ip 2794 City N PROV State RT 2ip 2294 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. Date Date	I Siroat Address		_	Street Address	•						
Director Name RISIGNARY HADREDZZI Street Address Street Address Street Address Street Address Street Address Street Address OZ904 City RI City R	City	State	Zip	City							
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City N, PROV State RI Zip O Z904 City N. PROV State State State City N. PROV State State State City N. PROV State State State State City N. PROV State	Street Address 17 Twin-	s hore		177 WIR	5 hAN	<u> </u>					
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Name of Officer/Authorized Representative . Date	This report must be signed by either the Pre	sident, Vice-President, S	ecretary, Assistant Sec	retary, Treasurer, duly Authorized Representa	tive, Receiver or Truste	е.					
			-	Date							
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Signature of Officer/Authorized Representative											
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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