



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.

REC'D RIDOS BSD
25 APR 8 AM 10:14:30

RECEIVED 30
R.I. DEPT. OF STATE
BUS SVCS DIV

REC'D RIDOS BSD
25 JUN 2 AM 10:06:20

54

2025 JUN 23 AM 11:32

1. Entity ID Number 001676870		2. Exact name of the Corporation Reaching For The Fringe Ministries			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Nondenominational Christian Service Organization that aims to reach out to the poor and homeless and their needs by serving meals, serving the community, providing food, clothing and spiritual and emotional support.			
4. NAICS Code 62410					
6. Principal Office Address 30 Kingstown Rd, #A102			City Narragansett	State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Deborah A Rushworth			Vice-President Name		
Street Address 30 Kingstown Rd #A102			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Douglas Rushworth			Director Name Patricia Geremia		
Street Address 30 Kingstown Rd #A102			Street Address 322 Beachwood Dr		
City Narragansett	State RI	Zip 02882	City East Greenwich	State RI	Zip 02818
Director Name Barbara Brady			Director Name		
Street Address 1650 Douglas Ave Apt #1209			Street Address		
City North Providence	State RI	Zip 02904	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 Deborah A Rushworth				Date 3/21/2025	
Signature of Officer/Authorized Representative <i>Deborah A Rushworth</i>				FILED	

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

BY **02193** *11.12*