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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
000396459	THE NATASHA LOVE FOUNDATION
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	TEACH EDUCATIONAL LIFE SAVING SKILLS
4. NAICS Code	
813211	

6. Principal Office Address	City	State	Zip
78 BRAYTON AVE	CRANSTON	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Rebecca FLORES	THOMAS MCGOVERN
Street Address: 78 BRAYTON AVE	Street Address: 78 BRAYTON AVE
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920
Secretary Name	**Treasurer Name**
Rebecca FLORES	HERIBERTO GONSALEZ
Street Address: 78 BRAYTON AVE	Street Address: 875 OAKLAWN AVE
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Rebecca FLORES	STACEY CHAFFEE
Street Address: 78 BRAYTON AVE	Street Address: 236 OLD FORGE RD
City: CRANSTON State: RI Zip: 02920	City: EAST GREENWICH State: RI Zip: 02818
Director Name	**Director Name**
JOSHUA GOMES	N/A
Street Address: 875 OAKLAWN AVE	Street Address:
City: CRANSTON State: RI Zip: 02920	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	Date
Rebecca	8/12/2025
Signature of Officer/Authorized Representative	**FILED**
Rebecca	AUG 12 2025

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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