



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 001526458

2. Name of Corporation NORTH STAR FOUNDATION INC

3. State of Incorporation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 51 HIGGINSON AVENUE

City or Town: CENTRAL FALLS

State: RI

Zip: 02863

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

WAREHOUSE PROCESSING SORTING PACKAGING DISTRIBUTING OF CONSUMER GOODS IN RI FOR THE BENEFITS OF LOCAL AND INTERNATIONAL COMMUNITIES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ALEXEI CHAPOVALOV	250 174TH ST SUNNY ISLES BEACH, FL 33160 USA
TREASURER	ALEXEI CHAPOVALOV	250 174TH ST

		SUNNY ISLES BEACH, FL 33160 USA
VICE PRESIDENT	INNA RAZMADZE	67 GLENFIELD RD NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	ANDREI TODIKA	15 ELLIOT ST. NEWTON, MA 02461 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REGISTERED AGENTS INC. 47 WOOD AVENUE. SUITE 2 BARRINGTON , RI 02806

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 3 Day of February, 2022 at 8:06:36 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By INNA RAZMADZE
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2022 State of Rhode Island
All Rights Reserved