



**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

**Non-Profit Corporation
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. 001022185

2. Name of Corporation The Bobby Doyle Foundation, Inc.

3. State of Incorporation

State: RI

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: 485 DAGGART AVENUE
City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

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

AWARDING SCHOLARSHIPS TO STUDENTS AND GRANTS AND AWARDS TO TRACK AND FIELD RELATED ENTITIES TO FOSTER AND ENCOURAGE THE DEVELOPMENT AND PARTICIPATION IN TRACK AND FIELD, CROSS COUNTRY AND DISTANCE AND DISTANCE RUNNING.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

DIRECTOR	BRENDAN R DOYLE	485 DAGGART AVENUE PAWTUCKET, RI 02861 USA
DIRECTOR	LINDA S HURTEAU	16 COLLATION CIRCLE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JAMES J DOYLE	12 MAYNARD AVENUE SEEKONK, MA 02771 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**

JAMES F. DUTRA, CPA 117 METRO CENTER BLVD SUITE 2007 WARWICK , RI 02886

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

Signed this 25 Day of April, 2022 at 1:29:53 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 JAMES F DUTRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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