



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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.

FILED  
JAN 30 2023  
BY [Signature]

1. Entity ID Number <b>001749875</b>		2. Exact name of the Corporation <b>Friends of the Bay Spring Community Center</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Town owned community center that is open to the general public for the purpose of hosting cultural events such as music, theatre workshops and educational classes.</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>170 Narragansett Avenue</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Daniel Penengo</b>			Vice-President Name <b>Jack Van Leer</b>		
Street Address <b>10 Walsh Avenue</b>			Street Address <b>4 Manning Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Eileen Meehan</b>			Treasurer Name <b>Denise Dilorio Javery</b>		
Street Address <b>24 Hawthorne Avenue</b>			Street Address <b>26 Tanglewood Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02806</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Daniel Penengo</b>			Director Name <b>Jack Van Leer</b>		
Street Address <b>10 Walsh Avenue</b>			Street Address <b>4 Manning Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Director Name <b>Eileen Meehan</b>			Director Name <b>Denise Dilorio Javery</b>		
Street Address <b>24 Hawthorne Avenue</b>			Street Address <b>26 Tanglewood Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Daniel Penengo / Director</b>					Date <b>2/1/2023</b>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:  
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