



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

- 2023

FEB 03 2023
 1140 *RL*

- 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 560137		2. Exact name of the Corporation Leapfest Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Leapfest Association supports the Airbone Community			
4. NAICS Code 813990					
6. Principal Office Address 2841 South County Trail, BLDG 230			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ryan Warneke			Vice-President Name Patrick Lynch		
Street Address 2841 South County Trail			Street Address 2841 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Lucas Davis			Treasurer Name Victoria Tolbert		
Street Address 2841 South County Trail			Street Address 2841 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Jeffrey Nelson			Director Name James Connors		
Street Address 2841 South County Trail			Street Address 2841 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Lucas Davis			Director Name Caleb Singer		
Street Address 2841 South County Trail			Street Address 2841 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Victoria Tolbert				Date February 1, 2023	
Signature of Officer/Authorized Representative <i>Victoria Tolbert</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov