



**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: 2023

1. Corporate ID No. 001704525

2. Name of Corporation North Kingstown Educational Foundation

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

813211

4. Principal Office Address

No. and Street: 61 SHORE DRIVE

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: US

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

OUR MISSION IS TO FOSTER A COMMUNITY-WIDE COMMITMENT TO STRENGTHENING AND ENHANCING THE LEARNING ENVIRONMENT WITHIN THE NORTH KINGSTOWN SCHOOL DISTRICT.

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	ROBYN W ALBUQUERQUE	61 SHORE DRIVE NORTH KINGSTOWN , RI 02852 USA
DIRECTOR	CAROL VECCHIONE	3 PUNCH BOWL TRAIL RICHMOND, RI 02892 USA
DIRECTOR	DAWN MASTERSON	183 GEORGIA AVE NORTH KINGSTOWN, RI 02852 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**

ROBYN W. ALBUQUERQUE 61 SHORE DRIVE NORTH KINGSTOWN , RI 02852

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 March, 2023 at 1:02:49 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 CAROL M. VECCHIONE
Signature of Authorized Person

Form No. 631
Revised 09/07

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