



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

APR 12 2023
47290

- 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 29348		2. Exact name of the Corporation Rhode Island Bar Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Organized for charitable, scientific, literacy, or educational purposes			
4. NAICS Code 813211					
6. Principal Office Address 41 Sharpe Drive			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael McElroy			Vice-President Name Victoria Almeida		
Street Address 41 Sharpe Drive			Street Address 41 Sharpe Dr.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Armando Batastini			Treasurer Name Steven Boyajian		
Street Address 41 Sharpe Dr.			Street Address 41 Sharpe Dr.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Laurea Jones			Director Name Michael St. Pierre		
Street Address 41 Sharpe Dr.			Street Address 41 Sharpe Dr.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name John Tarantino			Director Name Susan DeBlasio		
Street Address 41 Sharpe Dr.			Street Address 41 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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.					
<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 Kathleen M. Bridge					Date 4-7-2023
Signature of Officer/Authorized Representative <i>Kathleen M. Bridge</i>					