RI SOS Filing Number: 202332877750 Date: 4/12/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

				, , , , ,		
1. Entity ID Number	2. Exact name o	- ·				
29348	Khode	Island	Bac Founda	tion	1	
3. State of Incorporation	5. Brief description	on of the character	r of business conducted in Rhi	ode Island		
L RI	Organi	zed for	- Charitable,	, scientifi	6,	
4. NAICS Code	literacy, or educational purposes					
813211	1140100	19, 01 Ea	weational pul	poses		
6. Principal Office Address			City	State	Zip	
41 Sharpe Drive			Crawston	R-I	02920	
7. List ALL officers (names and addresses)				Check the box to indica		
President Name Michael McEliai			Vice-President Name			
Street Address			VICtoria Almeida Street Address			
41 Sharpe Drive			41 Sharpe Di			
Cianston	State 2	Zip 0242()	City Can Cha	State 4	Zip	
Secretary Name	1 . 1		Treasurer Name	1 12	02920	
Hrmando Batastini Street Addressi			Steven Boyajian			
41 Sharne Dr.			Street Address			
City Cranston	State	Zip 7 2 9 7 5	City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.						
Check the box to indicate an attachment						
Director Name Lauren Jones			Director Nagne Die Charles			
Street Address 41 Sharpe Dr.			Street Address			
City //		Zip	city City	State	T7:0	
Director Name	RI	2ip 02920	Clariston	State	Zip 0.7920	
John Jacantino			Director Name			
Street Address			Street Address /			
City 1	State.	Zip	211 Sharpe	Drive	T	
Cranston	RI	82920	City Cranston	State RL	12920	
5. 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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative						
Kathleen M. Bridge				1 4-7	-2023	
Signature of Officer/Authorized Representative						
LILIXII VIII V						
MAIL TO:						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sns.ni.nnu