



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAY 11 2023
BY:

1. Entity ID Number 000027011	2. Exact name of the Corporation Barker Foundation, Inc.
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Support of the performing arts, specifically theatre, in the City of Providence
4. NAICS Code 813211	

3. Principal Office Address 400 Benefit Street	City Providence	State RI	Zip 02903
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Crossley		Vice-President Name Walter B. Cotter			
Street Address 238 Rodman Lane		Street Address 75 Leroy Drive			
City North Kingstown	State RI	Zip 02852	City Riverside	State RI	Zip 02915
Secretary Name Holly B. Applegate		Treasurer Name Peter G Lambertson			
Street Address 106 Benefit Street, Unit 2		Street Address 14 Circuit Drive			
City Providence	State RI	Zip 02903	City East Providence	State RI	Zip 02915

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 John S. Lombardo		Director Name Lucy Maddock			
Street Address 105 Mollie Drive		Street Address 9 Orchard Avenue			
City Cranston	State RI	Zip 02921	City Providence	State RI	Zip 02906
Director Name Elizabeth R. Messier		Director Name Matthew T. Oliverio			
Street Address 50 Breakneck Hill Rd.		Street Address 186 East Matnuock Farm Dr.			
City Lincoln	State RI	Zip 02865	City Wickfield	State RI	Zip 02879

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative Peter G Lambertson Treasurer	Date 05-06-2023
Signature of Officer/Authorized Representative 	