RI SOS Filing Number: 202341871350 Date: 9/25/2023 10:29:00 AM

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State of Rhode Island

Department of State - Business Services Division

Annual	Report	for	the	year:			
Non-Profit Cornoration							

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

2023

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2023 SEP 25 A 10: 38

1. Entity ID Number	2. Exact name	of the Corporation	n				
28332		Catholics For Life, Inc.					
3. State of Incorporation	5. Brief descrip	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Education of	Education of the public regarding pro-life issues and positions.					
4. NAICS Code	7		•				
813319 - Other Social Advocacy	i						
6. Principal Office Address	<u> </u>		City	State	Zip		
2374 Post Road, Suite 105	ost Road, Suite 105		Warwick	RI	02886		
7. List ALL officers (names and ac	ldresses)		<u>.</u>	Check the box to indic	ate an attachment		
President Name Tyler Rowley			Vice-President Name Robe	Vice-President Name Robert Raspallo			
Street Address 2374 Post Road, Suite 105			Street Address 2374 Post Road, Suite 105				
City Warwick	State RI	^{Zip} 02886	City Warwick	State RI	Zip 02886		
Secretary Name Nichole Rowley			Treasurer Name Lorraine Beaudoin				
Street Address 2374 Post Road, Suite 105		Street Address 2374 Post Road, Suite 105					
^{City} Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886		
8. List ALL directors (names and a	eddresses). RI Co	orporations MUST	list at least THREE directors.				
Director Name			Director Name	Check the box to indic	ate an attachment 💆		
Director Name Lorraine Beaudoin			Director Name John Kay				
Street Address 2374 Post Road, Suite 105		Street Address 2374 Post Road, Suite 105					
City Warwick	State RI	Zp 02886	City Warwick	State RI	Zip 02886		
Director Name Robert Raspallo			Director Name Kenneth Garrepy				
Street Address 2374 Post Road, Suite 105			Street Address 2374 Post Road, Suite 105				
City Warwick	State RI	Zip 02886	City Warwick	State RI	^{Zip} 02886		
9. The Registered Agent informati	on of record with	the RI Departmen	t of State is accurate. Change	es require filing Form 641			
Under penalty of perjury, I decia statements, and that all stateme	are and affirm the	at I have examine erein are true an	ed this report, including any d correct.	/ accompanying schedu	iles and		
This report must be signed by either the Pre	esident, Vice-President	4, Secretary, Assistant S	Secretary, Treasurer, duly Authorized F	Representative, Receiver or Trus	iteo.		
Name of Officer/Authorized Repre	sentative			Date	/		
Tyler Rowley, President	1			9/13	/ 23		
Signature of Officer/Authorized Re	presentative	1					
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MAJL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

10:39

SEP 25 2023

FORM 631 - Revised: 08/2020

KW9BH