



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year 2024
Non-Profit Corporation

FEB 14 2024

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- 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 001749875		2. Exact name of the Corporation Friends of the Bay Spring Community Center			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Town owned building is used for the purpose of a local community center that is open to the general public to host cultural events such as music, performances, theatre workshops, summer camps & educational classes.			
4. NAICS Code 813319					
6. Principal Office Address 170 Narragansett Avenue			City Barrington	State R.I.	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Penengo			Vice-President Name Jack Van Leer		
Street Address 10 Walsh Avenue			Street Address 4 Manning Drive		
City Barrington	State R.I.	Zip 02806	City Barrington	State R.I.	Zip 02806
Secretary Name Jack Van Leer			Treasurer Name Denise Diiorio Javery		
Street Address 4 Manning Drive			Street Address 26 Tanglewood Drive		
City Barrington	State R.I.	Zip 02806	City Riverside	State R.I.	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 Daniel Penengo			Director Name Jack Van Leer		
Street Address 10 Walsh Avenue			Street Address 4 Manning Drive		
City Barrington	State R.I.	Zip 02806	City Barrington	State R.I.	Zip 02806
Director Name Denise Diiorio Javery			Director Name		
Street Address 26 Tanglewood Drive			Street Address		
City Riverside	State R.I.	Zip 02915	City	State	Zip
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 Daniel Penengo / Director				Date February 1, 2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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