RI SOS Filing Number: 202452928680 Date: 4/29/2024 8:09:00 AM



State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: <u>2024</u>

1. Corporate ID No. 001763529

2. Name of Corporation Mermaids Lair

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

<u>624310</u>

4. Principal Office Address

No. and Street: <u>1025 PARK AVE</u>

City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE

MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS

<u>UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR</u> CORRESPONDING

SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR

SAID

ORGANIZATION IS AS FOLLOWS: LEARN TO RUN BUSINESS FOR SPECIAL NEEDS CLIENTS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ELISHA MASON	1025 PARK AVE WOONSOCKET, RI 02895 USA
TREASURER	RHONDA CHARRON	1025 PARK AVE WOONSOCKET, RI 02895 USA
SECRETARY	RHONDA CHARRON	1025 PARK AVE WOONSOCKET, RI 02895 USA
DIRECTOR	RHONDA CHARRON	1025 PARK AVE. WOONSOCKET, RI 02895 USA
DIRECTOR	ELISHA MASON	1025 PARK AVE. WOONSOCKET, RI 02895 USA
DIRECTOR	ESTELLE BUBBLE	1025 PARK AVE. WOONSOCKET, RI 02895 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

RHONDA CHARRON 1025 OARK AVE WOONSOCKET, RI 02895

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

Signed this 29 Day of April, 2024 at 8:10:21 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By ELISHA MASON

Signature of Authorized Person

Form No. 631 Revised 09/07