RI SOS Filing Number: 202454049130 Date: 4/29/2024 4:00:00 PM

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48	State of Rhode Island Department of State - Business Services Division					
Non-Prof	Report for the year: Fit Corporation Period: February 1 - May 1	2024				

Filing period; February 1 - May 1								
→ Filing Fee: \$20.00 → Penalty. Additional \$25.00 fee if	($()(\lambda)$						
Entity ID Number	, 			\longrightarrow				
29368	Rhode Island Ber Foundation							
3. State of Incorporation	•	//	er of business conducted in Rhode Is					
KI	Organi2	Organized for Charitable, scientific						
4. NAICS Code	and educational purposes.							
813211	813211							
6. Principal Office Address			City	State	Zip			
41 Shappe DRIVE			Cranston	RY	02920			
7. List ALL officers (names and add	(sessert		Check the	e box to indicate an at	ttachment			
President Name Michael R. McEl	Chil		Vice-President Name	Vice-President Name Victoria Almeida				
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·				
41 Sharpe Drive			41 Sharpe Dr.					
City	State	Zip	City	State	Zip			
CAMSTOR Secretary Name	RI_	02920	Treasurer Name	R1	02420			
Armando Batas	fini		Steven Bouaiia					
Street Address 41 Shares Drive			Street Address 4/ Sharpe Dave					
City Cranston	State 1	Zip 02920	City Cranston	State R.1	Zip 82420			
8. List ALL directors (names and ac	ddresses). RI Corp	porations MUST lis						
Lauren Jones			· ·	Check the box to indicate an attachment 🗹				
Director Name 41 Sharpe Driv	/		Michael St. Pia	Michael St. Picco				
Street Address			Street Address	Street Address				
Cranston	<u> </u>	02920	41 Sharpe Driv	12	Ι ".			
City	State	Zip	Marston	State 1	121p 12920			
Director Name/.			Director Name	, <u></u>				
John I arentin	10		SUSAA DEBLASIO	SUSAA DEBLASID				
Street Address			Street Address 41 harne Drive					
City 1 Sharpe Driv	State	Zip	City, Marpa Lill	State	Zip			
Chanston	RI	03920	Cranston	14	62420			
9. The Registered Agent informatio	n of record with th	e RI Department o	of State is accurate. Changes require	e 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 Pres	sident, Vice-President, 5	Secretary, Assistant Sec	crolary, Treasurer, duly Authorized Representa	tive, Receiver or Trustee	1.			
Name/of Officer/Authorized Representative (Kathlen M. Bridge) Date Executive Director) 04-25-2024								
Signature of Officer/Authorized Rep	resentative	7		<u>,I.,,</u>				

MAIL TO:

Division of Business Services

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

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

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RHODE ISLAND BAR FOUNDATION

Non-Profit Corporation Annual Report for the Year 2024

Corporation ID No. 29368

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Attachment

Additional Directors

David N. Bazar
Richard D'Addario
Sonja L. Deyoe
Robert G. Flanders, Jr.
Lise M. Iwon
Peter L. Lewiss
Anne Maxwell Livingston
Edward H. Newman
Jason C. Preciphs
Cristen L. Raucci

Joseph J. Roszkowski Etie-Lee Schaub Nicole Verdi