



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 124572		2. Name of Corporation PAWTUCKET VALLEY ROTARY FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. BOX 266		City W. WARWICK	Zip 02893
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND/OR SCIENTIFIC PURPOSES.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LUCIANO COZZI			Vice President Name JAMES N. SAFLUND		
Street Address 4 SILO LANE			Street Address 102 BETSEY WILLIAMS DR.		
City COVENTRY	State RI	Zip 02816	City CRANSTON	State RI	Zip 02816
Secretary Name JAMES KUIPEAS			Treasurer Name MAUREEN HOLMES		
Street Address 20 GINGER TRAIL			Street Address 76 MIA COURT		
City COVENTRY	State RI	Zip 02816	City WARWICK	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name JOSEPH GARCIA			Director Name LINDA REKAS-SLOAN		
Street Address 137 PINE ORCHARD RD.			Street Address 285 SHARPE ST.		
City W. WARWICK	State RI	Zip 02893	City W. GREENWICH	State RI	Zip 02817
Director Name TERRIE LEGEIN			Director Name		
Street Address 20 CROSS RD.			Street Address		
City GRISWOLD	State CT	Zip 06351	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641. R.I.G.L. 7-6-13 / 7-6-78					
Agent Name LINDA REKAS SLOAN			Address		
Address 325 ANGELL STREET			City PROVIDENCE	Zip 02906	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	JUL 22 2008
By	1138
FOR SECRETARY OF STATE USE ONLY	

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.

Luciano Cozzi **6/30/08**
Signature of Officer Date
LUCIANO COZZI
Print or Type Name of Officer
PRESIDENT
Title of Officer