



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. <b>124572</b>		2. Name of Corporation <b>PAWTOXET VALLEY ROTARY FOUNDATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>P.O. BOX 266</b>		City <b>W. WARWICK</b>	Zip <b>02893</b>
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 <b>EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND/OR SCIENTIFIC PURPOSES.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LUCIANO COZZI</b>			Vice President Name <b>JAMES N. SAFLUND</b>		
Street Address <b>4 SILO LANE</b>			Street Address <b>102 BETSEY WILLIAMS DR.</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>JAMES KUIPEAS</b>			Treasurer Name <b>MAUREEN HOLMES</b>		
Street Address <b>20 GINGER TRAIL</b>			Street Address <b>76 MIA COURT</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
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 <b>JOSEPH GARCIA</b>			Director Name <b>LINDA REKAS-SLOAN</b>		
Street Address <b>137 PINE ORCHARD RD.</b>			Street Address <b>285 SHARPE ST.</b>		
City <b>W. WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>W. GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>
Director Name <b>TERRIE LEGEIN</b>			Director Name		
Street Address <b>20 CROSS RD.</b>			Street Address		
City <b>GRISWOLD</b>	State <b>CT</b>	Zip <b>06351</b>	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 <b>LINDA REKAS SLOAN</b>			Address		
Address <b>325 ANGELL STREET</b>			City <b>PROVIDENCE</b>	Zip <b>02906</b>	

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

File Date	<b>FILED</b>
Check No.	<b>JUL 22 2008</b>
By	<b>1138</b>
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.

Signature of Officer

**LUCIANO COZZI**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer

**6/30/08**  
Date