



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 2009

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. 67869		2. Name of Corporation THE RIGHT CHARITABLE FOUNDATION			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address PO BOX 22069		City CRANSTON	Zip 02920
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 TO SPONSOR AND/OR CONDUCT GOLF TOURNAMENTS, AND OTHER SOCIAL AND/OR SPORTING EVENTS, FOR THE PURPOSE OF FUNDRAISING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT RIZZO			Vice President Name NAT CALAMIS		
Street Address 1702 MINERAL SPRING AVE			Street Address 56 STURBRIDGE DR		
City NORTH PROVIDENCE	State RI	Zip 02904	City WARWICK	State RI	Zip 02886
Secretary Name EDWARD J. GOMES			Treasurer Name GERGORY BARBER		
Street Address 91 FRIENDSHIP ST STE 3			Street Address 300 HUNTERS CROSSING		
City PROVIDENCE	State RI	Zip 02903-3837	City EAST GREENWICH	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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 SCOTT GRINNELL			Director Name MICHAEL BAKER		
Street Address 167 MILLS ST			Street Address 86 CONCORD AVE		
City CRANSTON	State RI	Zip 02905	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name TOM MORGAN			Director Name MATTHEW GILL		
Street Address 222 PLUM BEACH RD			Street Address 689 BOSTON NECK RD		
City SAUNDERSTOWN	State RI	Zip 02874	City NARRAGANSETT	State RI	Zip 02882
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

File Date	5-13-09
Check No.	5313
By	mnc
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

Date

Print or Type Name of Officer

Title of Officer