



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 27596		2. Exact name of the Corporation KIOWANIS FOUNDATION OF PAWTUCKET INC			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 84 KING PHILIP RD		City PAWTUCKET	Zip RI
5. Foreign corporation. Enter principal office address				City	State
6. Brief description of the character of business conducted in Rhode Island EXTEND FUNDS FOR CARE TREATMENT + LEAS OF HANDICAPPED PERSONS. FURNISH FUNDS TO SCHOOLS HOSPITALS & OTHER INSTITUTIONS FOR CARE TREATMENT + EDUCATION. ANY OTHER LAWFUL PURSUE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X" BOX FOR ATTACHMENT)					
President Name ALFRED P. DELPAPE			Vice-President Name ROLAND C. MOUSSALLY		
Street Address 96 MOHAWK DRIVE			Street Address 15 YALE AVENUE		
City SEEKONK	State MA	Zip 02771	City PAWTUCKET	State RI	Zip 02860
Secretary Name ROLAND C. MOUSSALLY			Treasurer Name JOHN A. SABATINI		
Street Address 15 YALE AVENUE			Street Address 84 KING PHILIP RD		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X" BOX FOR ATTACHMENT)					
Director Name ALFRED P. DELPAPE			Director Name JOHN A. SABATINI		
Street Address 96 MOHAWK DRIVE			Street Address 84 KING PHILIP RD		
City SEEKONK	State MA	Zip 02771	City PAWTUCKET	State RI	Zip 02860
Director Name ROLAND C. MOUSSALLY			Director Name		
Street Address 15 YALE AVE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAY 02 2012
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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: Alfred P. DelPape Date: 5-1-12
 Print or Type Name of Officer: ALFRED P. DELPAPE
 Title of Officer: PRES.

SECRETARY OF STATE
 CORPORATION DIV
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