



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. <u>140301</u>		2. Exact name of the Corporation. The Will Speck Memorial			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island The Will Speck Memorial holds a 5K Run/Walk to benefit the Providence Ronald McDonald House and Cranston High School Running Programs			
5. Principal office address 75 Kimberly Lane North			City Cranston	State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Juliette Speck de Roxas			Vice-President Name Wendy Speck		
Street Address 75 Kimberly Lane North			Street Address 71 Potter Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02910
Secretary Name Gary Rose GARY ROSE			Treasurer Name Kelly Speck KELLY SPECK		
Street Address 27 Philmont Avenue			Street Address 71 Potter Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Juliette de Roxas			Director Name Wendy Speck		
Street Address 75 Kimberly Lane North			Street Address 71 Potter Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02910
Director Name Gary Rose			Director Name		
Street Address 27 Philmont Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
8. 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.

FILED

JUL 18 2012

File Date _____
 Check No _____
 By: [Signature]
#1061

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] 7/10/12
 Signature of Officer Date

Juliette de Roxas
 Print or Type Name of Officer

president
 Title of Officer

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