



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 **2013**

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. 100233		2. Exact name of the Corporation CHARIHO ROTARY CLUB FOUNDATION, INCORPORATED			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Charitable foundation for service club.			
5. Principal office address c/o Merrill K. Moone, 8A Canal Street		City Westerly		State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward Smith			Vice-President Name Jeanne Abate		
Street Address 36 Deer Run Road			Street Address 10 Parkwood Drive		
City Carolina	State RI	Zip 02813	City Pawcatuck	State CT	Zip 06379
Secretary Name Jennifer Erickson			Treasurer Name Francis X. Hopkins		
Street Address 12D Apache Drive			Street Address 222 Buckeye Brook Road		
City Westerly	State RI	Zip 02891	City Charlestown	State RI	Zip 02813
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name J. Lawrence Dunn			Director Name James E. Cahoone		
Street Address 4750 Old Post Road			Street Address 29 Post Road		
City Charlestown	State RI	Zip 02813	City Westerly	State RI	Zip 02891
Director Name Rick Mann			Director Name Merrill K. Moone		
Street Address 194 Potter Hill Road			Street Address 8A Canal Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 29 2013

BY

J453

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.

Francis X Hopkins 5/25/13
 Signature of Officer Date

Francis X. Hopkins
 Print or Type Name of Officer

Treasurer
 Title of Officer