



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. 67869		2. Exact name of the Corporation THE RIGHT CHARITABLE FOUNDATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island to sponsor and/or conduct golf tournaments and/or other sporting events for the purpose of fundraising			
5. Principal office address P.O. Box 22069			City Cranston	State RI	Zip 02920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Nat Calamis			Vice-President Name Robert Izzo		
Street Address 56 Sturbridge Drive			Street Address 1625 SABAL PALM DRIVE		
City Warwick	State RI	Zip 02886	City BOCA RATON	State FL	Zip 33432
Secretary Name Edward J. Gomes			Treasurer Name Gregory Barber		
Street Address 91 Friendship Street, Suite # 3			Street Address 300 Hunters Crossing		
City Providence	State RI	Zip 02903	City East Greenwich	State RI	Zip 02818
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 Scott Grinnell			Director Name Michael Baker		
Street Address 167 Mills Street			Street Address 86 Concord Avenue		
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 Road			Street Address 689 Boston Neck Road		
City Saunderstown	State RI	Zip 02874	City Narragansett	State RI	Zip 02882
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
 E. _____

FILED

MAY 29 2013

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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]

05/28/2013

Signature of Officer

Date

Edward J. Gomes

Print or Type Name of Officer

Secretary

Title of Officer