



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*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.*

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000140301

**2. Name of Corporation** The Will Speck Memorial

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 75 KIMBERLY LANE NORTH

City or Town: CRANSTON

State: RI Zip: 02921 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

FOR RUNNERS AND WALKERS OF ALL ABILITIES TO HONOR THE MEMORY OF WILL SPECK. THE MISSION IS TO PROMOTE FUN, FITNESS AND FRIENDSHIP AND TO RAISE FUNDS FOR A TRACK SCHOLARSHIP.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JULIETTE SPECK DEROXAS	75 KIMBERLY LANE NORTH CRANSTON, RI 02921 USA
DIRECTOR	SARAH TREMBLAY	224 GARDEN HILLS DRIVE

		CRANSTON, RI 02920 USA
DIRECTOR	WENDY SPECK	71 POTTER STREET CRANSTON, RI 02910 USA
DIRECTOR	GARY ROSE	27 PHILMONT AVENUE CRANSTON, RI 02910 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JULIETTE SPECK 75 KIMBERLY LANE NORTH CRANSTON , RI 02921

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 25 Day of May, 2014 at 9:37:47 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JULIETTE DEROXAS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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