



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 2014

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 KIWANIS FOUNDATION OF PAWTUCKET, INC			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 84 KING PHILIP RD		City PAWTUCKET	Zip 02861
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island EXPEND FUNDS FOR CARE, TREATMENT + REHAB OF HANDICAPPED PERSONS, SCHOOL SCHOLARSHIPS, ABUSED CHILDREN + ANY OTHER LAWFUL PURPOSE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ALFRED P. DELPAPÉ			Vice-President Name ROLAND C. MOUSSALLY		
Street Address 96 MOHAWK DRIVE			Street Address 15 YALE AVE		
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 AVE			Street Address 84 KING PHILIP RD		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02861
8. 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 ALFRED P. DELPAPÉ			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 02861
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

JUN 03 2014

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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.

John A. Sabatini C-1-14
 Signature of Officer Date

JOHN A. SABATINI
 Print or Type Name of Officer

TREASURER
 Title of Officer