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.	2. Exact name of the Corporation
32882	**East Greenwich Rotary Scholarship Fund**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Award college scholarships**

5. Principal office address	City	State	Zip
982 Frenchtown Road	**East Greenwich**	**RI**	**02818**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
David Iannuccilli			**Robert Sloan**		
Street Address			Street Address		
982 Frenchtown Road			**5 Darl Court**		
City	State	Zip	City	State	Zip
East Greenwich	**RI**	**02818**	**East Greenwich**	**RI**	**02818**
Secretary Name			Treasurer Name		
Kenneth Colaluca			**John Wolcott**		
Street Address			Street Address		
30 Lynn Circle			**55 Bretton Woods Drive**		
City	State	Zip	City	State	Zip
East Greenwich	**RI**	**02818**	**Cranston**	**RI**	**02920**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
George Cooper			**Robert Miller**		
Street Address			Street Address		
1155 Reservoir Ave.			**84 Oakwood Drive**		
City	State	Zip	City	State	Zip
Cranston	**RI**	**02920**	**East Greenwich**	**RI**	**02818**
Director Name			Director Name		
Sally Russell			**Andrew Erickson**		
Street Address			Street Address		
272 Division Street			**10 Stone Ridge Drive**		
City	State	Zip	City	State	Zip
East Greenwich	**RI**	**02818**	**East Greenwich**	**RI**	**02818**

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, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUL 21 2014
1114

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 M. Wolcott — **6/30/14**
Signature of Officer or Authorized Representative — Date

Treasurer John M. Wolcott
Print or Type Name of Officer or Authorized Representative