



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. 000133972

2. Name of Corporation Kayla Jean Ricci Memorial Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 943

120 Highbank Avenue

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 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

THE MEMORIAL SHALL SERVE TO PERPETUATE THE MEMORY OF KAYLA JEAN RICCI

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	JULIA L MCGWIN	412 CHIMNEY ROCK DR NORTH KINGSTOWN, RI 02852 USA
PRESIDENT	JAMES E RICCI	PO BOX 943 NORTH KINGSTOWN, RI 02852- USA

VICE PRESIDENT	JAMES E MCGWIN JR	412 CHIMNEY ROCK DR NORTH KINGSTOW, RI 02852 USA
DIRECTOR	SHARON RICCI	120 Highbank Avenue North Kingstown, RI 02852 USA
DIRECTOR	JOYCE LETOURNEAU	154 SHEFFIELD HILL RD EXETER, RI 02822 USA
DIRECTOR	CAITLIN LETOURNEAU	154 SHEFFIELD HILL RD EXETER, RI 02822 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

JAMES E. RICCI 120 Highbank Avenue P.O. Box 943 North Kingstown , RI 02852

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

Signed this 15 Day of August, 2014 at 12:55:25 PM 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 JAMES E MCGWIN JR
Signature of Authorized Person

Form No. 631
Revised 09/07