

State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Phone: (401) 222	2-3040 Email: 1	corporations@sc	strigov į viebsite: www.soomi	9 0 v		
Non-Profit Corporation		oort for the	year: 2016			
Filing period: June 1 - June 30) TO FILE THIS	REPORT BY	JULY 30 WILL RESULT IN	A \$25.00 PENAL	TY FEE.	
1. Entity ID Number	TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE. 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 a	addresses)	<u> </u>	Check the b	ox to indicate an a	attachment	
President Name David Iannucc			Vice-President Name Robert Sloan			
Street Address 982 Frenchtown Road			Street Address 5 Darl Court			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	^{Zip} 02818	
Secretary Name Kenneth Colaluca			Treasurer Name John Wolcott			
Street Address 30 Lynn Circle			Street Address 55 Bretton Woods Drive			
City East Greenwich	State RI	^{Zip} 02818	City Cranston	State RI	^{Zip} 02920	
7. List ALL directors (names and	addresses). RI	Corporations MI	UST list at least THREE director	'S. eck the box to indica	te an attachment	
Director Name George Cooper			Director Name Robert Miller			
Street Address 52 Cindy Ann D	rive		Street Address 84 Oakwood Drive			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	^{Zip} 02818	
Director Name Sally Russell			Director Name Andrew Erickson			
Street Address 272 Division Street			Street Address 10 Stone Ridge Drive			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	^{Zip} 02818	
8. Registered Agent in Rhode Is	land. This inform	ation is currently o	frecord in the Department of State.	Changes require filir	ng Form 641.	
Under penalty of perjury, I dec statements, and that all states	clare and affirm ments containe	that I have exa d herein are tru	mined this report, including a e and correct.	any accompanyin	g schedules and	
This report must be signed by either the	President, Vice-Pres	ident, Secretary, Assi	istant Secretary, Treasurer, duly Authoriza	ed Representative, Rec	elver or Trustee.	
Name of Officer/Authorized Representative				Date		
John M. Wolcott				06/02/201	b	
Signature of Officer/Authorized F						
John M.	War	tt				

FILED

JUN 06 2016 By KL 1162

Form No. 631 Revised: 2016