



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

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Iannuccilli			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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George Cooper			Director Name Robert Miller		
Street Address 52 Cindy Ann Drive			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 Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative John M. Wolcott				Date 06/02/2016	
Signature of Officer/Authorized Representative 					

FILED

JUN 06 2016

By KL 1162