



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

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 RI DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

1. Entity ID Number 573997	2. Exact name of the Corporation THE FAIRWAY FOUNDATION
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island <i>Assist parents & caregivers by providing resources to individuals with special needs from birth up to age 26. Non-cash gifts are granted for the purchase of but not limited to technology, adaptive equipment and/or transportation.</i>
4. NAICS Code 813319	

6. Principal Office Address 152 Post Rd. E	City Westerly	State RI	Zip 02891
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Salvatore J. Augeri, Jr.			Vice-President Name Eric Dauphinais		
Street Address 152 Post Rd.			Street Address 129 Quannacut Rd.		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Chelsea Brayman			Treasurer Name Laurie Capizzano		
Street Address 79 John St.			Street Address 324 Switch Rd.		
City Westerly RI	State RI	Zip 02891	City Wood River Jct.	State RI	Zip 02894

8. 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 Salvatore J Augeri, Jr.			Director Name Matt Thomson		
Street Address 152 Post Rd.			Street Address 43 Broad St.		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Scott Findeisen			Director Name Stephen Macumiskey		
Street Address 101 Franklin St.			Street Address 20 Marshall Driftway		
City Westerly	State RI	Zip 02891	City Hopkinton	State RI	Zip 02833

9. 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.

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

Name of Officer/Authorized Representative Salvatore J. Augeri, Jr. / President	Date 5-30-17
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Signature of Officer/Authorized Representative <i>Salvatore J. Augeri, Jr. / President</i>	FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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