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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fe	ee if form is not filed	by July 30.				
1. Entity ID Number	2. Exact nan	2. Exact name of the Corporation				
32882	East Green	East Greenwich Rotary Scholarship Fund				
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island				
ผ	Award colle	Award college scholarships				
4. NAICS Code						
813211 - Grantmaking Found]					
6. Principal Office Address			City	State	Zip	
982 Frenchtown Road			East Greenwich	RI	02818	
7. List ALL officers (names and			Ch	eck the box to indicat	e an attachment	
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	
8. List ALL directors (names and	d addresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment	
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 Stoneridge Drive			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818	
			rd in the Department of State. Chang			
Under penalty of perjury, I dec statements, and that all staten	lare and affirm ti nents contained	hat I have examin herein are true an	ed this report, including any ac d correct.	companying sched	ules and	
		nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized Repr	esentative, Receiver or Tru	stee.	
Name of Officer/Authorized Repu	resentative		Date			
John M. Wolcott, Treasurer				6/23/17		
Signature of Officer/Authorized R		att	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

FORM 631 - Revised: 06/2017