State of Rhode Island
and Providence Plantations
Office of the Secretary of State

~~A. Ralph Mollis~~ *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. Company ID No.	2. Name of Corporation	
484583	JAY G. LAWRENCE FOUNDATION	# 484583

3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
R.I.	P.O. Box 580, 511 Putnam Pike	Smithfield	02828

5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

Scholarships / Smith Youth Memorial

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
PETER LAWRENCE	Mike Romano
Street Address	**Street Address**
12 Highview DRIVE	3 Cherry Blossom Lane
City / State / Zip	**City / State / Zip**
Smithfield / RI / 02917	Smithfield / RI. / 02828
Secretary Name	**Treasurer Name**
Julie Romano	Gerald P. Lawrence
Street Address	**Street Address**
3 Cherry Blossom Lane	282 Waterman Ave
City / State / Zip	**City / State / Zip**
Smithfield / RI. / 02828	Smithfield / RI. / 02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Donald Beush	Greg Young
Street Address	**Street Address**
P.O. Box 477	Chapmist Hill Rd.
City / State / Zip	**City / State / Zip**
Harmony / RI. / 02829	Chepachet / RI / 02814
Director Name	**Director Name**
Barry Sutcliffe	Bradford Sutcliffe
Street Address	**Street Address**
12 Appleseed Drive	12 Appleseed Dr.
City / State / Zip	**City / State / Zip**
Smithfield / R.I. / 02828	Smithfield / RI. / 02828

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

FILED

JUL 13 2017

BY [redacted]

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.

Gerald P. Lawrence — 07-12-17
Signature of Officer — *Date*

Gerald P. Lawrence
Print or Type Name of Officer

Treasurer
Title of Officer

[redacted]

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 09/17