



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.

1. Entity ID Number 60607		2. Exact name of the Corporation THE WEST WARWICK JAYCEES EDUCATION AND LIBRARY FOUNDATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island <i>To support and promote Educational and library products</i>			
4. NAICS Code 813211 - Grantmaking Foun					
6. Principal Office Address 1551 CENTREVILLE ROAD		City WARWICK		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT R. FORCIER			Vice-President Name JOHN J. LANCELLOTTA		
Street Address 11 SPARROW CIRCLE			Street Address 32 RIVER AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name JOSEPH J. DIMARTINO			Treasurer Name PAUL W. RICHARDS		
Street Address 621 WAKEFIELD STREET			Street Address 39 GARDNER AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
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 LEONARD J. DENOMME			Director Name FILOMENA GUSTAFSON		
Street Address 88 LOWELL STREET			Street Address 183 LOCKWOOD STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name GERALD FITTA			Director Name		
Street Address 64 ROBIN LANE			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
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 <i>Vice-President</i>				Date <i>7/25/17</i>	
Signature of Officer/Authorized Representative <i>John J. Lancelotta</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUL 31 2017
BY *1094*
FORM 631 - Revised: 05/2017