RI SOS Filing Number: 201872544180 Date: 7/18/2018 4:00:00 PM

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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JUL 18 AM 10: 18

Annual Report for the year: 2018
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	2. Exact name of the Corporation
71450	Cheryl Ann Faulkner/Dowding Foundation
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Scholorships
4. NAICS Code: 611310	

6. Principal Office Address	City	State	Zip
81 Ticonderoga Drive	Warwick	RI	02889

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Deborah Zimmerman	Lynn Quaranto
Street Address: 881 Church Ave	Street Address: 81 Ticonderoga Drive
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889
Secretary Name	**Treasurer Name**
Nicole Quaranto	Bret Zimmerman
Street Address: 81 Ticonderoga Dr.	Street Address: 12 Zachariah Place
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Deborah Zimmerman	Lynn Quaranto
Street Address: 881 Church Ave	Street Address: 81 Ticonderoga Drive
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889
Director Name	**Director Name**
Bret Zimmerman	Nicole Quaranto
Street Address: 12 Zachariah Place	Street Address: 81 Ticonderoga Drive
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889

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: Lynn Quaranto — Date: 7/18/2018

Signature of Officer/Authorized Representative:

FILED
10:18 JUL 18 2018
BY 335084

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: 11/2017