



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

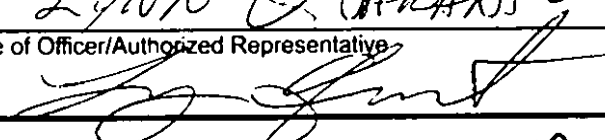
Annual Report for the year:
Non-Profit Corporation

2018

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUL 18 AM 10:18

1. Entity ID Number 71450		2. Exact name of the Corporation Cheryl Ann Faulkner/Dowding Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Scholarships			
4. NAICS Code 611310					
6. Principal Office Address 81 Ticonderoga Drive		City WARWICK		State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Deborah Zimmerman		Vice-President Name 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 Nicole Quaranto		Treasurer Name 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 Deborah Zimmerman		Director Name 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 BRET ZIMMERMAN		Director Name 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**