RI SOS Filing Number: 201996123960 Date: 6/10/2019 4:00:00 PM

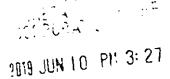


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

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→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number	2. Exact name of the Corporation						
71450	Cheryl Ann Faulkner Dowding Foundation						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Scholarships						
4. NAICS Code							
611310 - Colleges, Universitie							
•				<u> </u>			
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 Deborah Zimmerman			Vice-President Name Lynn Quaranto				
Street Address 12 Zachariah Place			Street Address 81 Ticonderoga Drive				
City Warwick	State RI	^{Zip} 02889	City Warwick	State RI	^{Zip} 02889		
Secretary Name Lynn Quaranto			Treasurer Name Deborah Zimmerman				
Street Address 81 Ticonderoga Drive			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 12 Zachariah Place			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, Socretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative							
Lynn Quaranto 06//0/2					2019		
Signature of Officer/Authorized Representative							
MAU TO:	MAIL TO:						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 0 2019 3 27

BY Cn 198PS

FORM 631 - Revised: 03/2019