



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

Annual Report for the year: 2019

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.

FILED

JUN 26 2019

BY

123108

1. Entity ID Number 32882		2. Exact name of the Corporation East Greenwich Rotary Scholarship Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Award college scholarships			
4. NAICS Code 813211 - Grantmaking Founda					
6. Principal Office Address 982 Frenchtown Road			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Iannucci			Vice-President Name Robert Sloan		
Street Address 982 Frenchtown Road			Street Address 1 Naushon Ave. Unit 3		
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02888
Secretary Name Kenneth Colaluca			Treasurer Name John Wolcott		
Street Address 30 Lynn Circle			Street Address 55 Bretton Woods Drive		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02920
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 George Cooper			Director Name Robert Miller		
Street Address 52 Cindy Ann Drive			Street Address 84 Oakwood Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Sally Russell			Director Name Andrew Erickson		
Street Address 272 Division Street			Street Address 10 Stoneridge Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative John M. Wolcott, Treasurer				Date 6/24/2019	
Signature of Officer/Authorized Representative <i>John M. Wolcott</i>				SIGN DOCUMENT HERE	