

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.

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 CORPORATIONS DIV

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1. Entity ID Number <b>001668179</b>	2. Exact name of the Corporation <b>Anne-Marie Dansicker Endowment Fund</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island  <b>Financial assistance to students to buy supplies to start after high school training or further schooling. First year only.</b>
4. NAICS Code <b>813219 - Other Grantmaking</b>	

6. Principal Office Address <b>81 Dahlia Street</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ERIC DANCICKER</b>			Vice-President Name		
Street Address <b>SAME</b>			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <b>ISAAC DANCICKER</b>			Treasurer Name		
Street Address <b>SAME</b>			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Eric Dansicker</b>			Director Name <b>Jessica Schlachter</b>		
Street Address <b>81 Dahlia Street</b>			Street Address <b>33 Poplar Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name <b>Isaac Dansicker</b>			Director Name		
Street Address <b>81 Dahlia Street</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	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 <b>Eric Dansicker</b>	Date <b>July 8, 2019</b>
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Signature of Officer/Authorized Representative  


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

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