



Department of State - Business Services Division

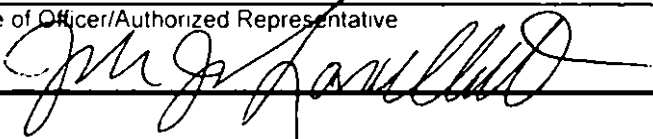
Annual Report for the year: **2019**

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.

1. Entity ID Number <b>60607</b>		2. Exact name of the Corporation <b>THE WW JAYCEES ED &amp; LIBRARY FOUNDATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <b>813211 - Grantmaking Foundat</b>					
6. Principal Office Address <b>1551 CENTREVILLE ROAD</b>		City <b>WARWICK</b>		State <b>RI</b>	Zip <b>02886</b>
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>ROBERT R. FORCIER</b>			Vice-President Name <b>JOHN J. LANCELLOTTA</b>		
Street Address <b>11 SPARROW CIRCLE</b>			Street Address <b>32 RIVER AVENUE</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>JOSEPH DIMARTINO</b>			Treasurer Name <b>PAUL RICHARDS</b>		
Street Address <b>621 WAKEFIELD STREET</b>			Street Address <b>39 GARDNER AVENUE</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
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>LEONARD J. DENOMME</b>			Director Name <b>FILOMENA GUSTAFSON</b>		
Street Address <b>88 LOWELL STREET</b>			Street Address <b>183 LOCKWOOD STREET</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>0283</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>DAVID J. LEGAULT</b>			Director Name		
Street Address <b>132 PAWTUXET TERRACE</b>			Street Address		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</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					
<b>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.</b>					
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>VICE PRESIDENT</b>				Date <b>July 25, 2019</b>	
Signature of Officer/Authorized Representative 				BY <b>1131 OS</b>	