



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

→ 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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BUS SVCS DIV

2019 JUL 31 AM 11:02

1. Entity ID Number 000063321		2. Exact name of the Corporation WADSWORTH ROTARY CHARITIES FOUNDATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATIONAL FOUNDATION THAT PROVIDES COLLEGE SCHOLARSHIPS TO HIGH SCHOOL GRADUATES	
4. NAICS Code 813110			
6. Principal Office Address 111 PINECREST DR BOX 154		City WADSWORTH	State RI
		Zip 02895	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name MICHAEL BUBOIS		Vice-President Name DAVID LAHOUSSE	
Street Address 39 MARIE ANNE COURT		Street Address 106 RING ST	
City WADSWORTH	State RI	City WADSWORTH	State RI
Zip 02895		Zip 02895	
Secretary Name ARAM TARRET		Treasurer Name LISA CARCERD	
Street Address PO 954		Street Address 111 PINECREST DR	
City SLATERVILLE	State RI	City WADSWORTH	State RI
Zip 02876		Zip 02895	
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 checked="" type="checkbox"/></span>			
Director Name MICHAEL BUBOIS		Director Name DAVID LAHOUSSE	
Street Address 39 MARIE ANNE COURT		Street Address 106 RING ST	
City WADSWORTH	State RI	City WADSWORTH	State RI
Zip 02895		Zip 02895	
Director Name ARAM TARRET		Director Name LISA CARCERD	
Street Address PO 954		Street Address 111 PINECREST DR	
City SLATERVILLE	State RI	City WADSWORTH	State RI
Zip 02876		Zip 02895	
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 LISA M. CARCERD		FILED	Date 7/26/19
Signature of Officer/Authorized Representative <i>Lisa M. Carcerd</i>		SIGN DOCUMENT JUL 31 2019	

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

BY: *168 DS*

WOONSOCKET ROTARY CHARITIES FOUNDATION

Additional Board Member

Paul Bourget

365 Elm Street

Woonsocket, RI 02895

FILED

JUL 31 2019

BY

168 DS  
#63321