



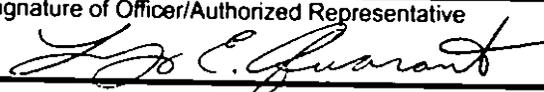
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020

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
JAN 03 2020
 BY 1178
IOA

1. Entity ID Number 71450		2. Exact name of the Corporation Cheryl Ann Faulkner Dowding Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Scholarships			
4. NAICS Code 611310 - Colleges, Universitie					
6. Principal Office Address 81 Ticonderoga Drive			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lynn E. Quaranto			Vice-President Name Stephanie Quaranto		
Street Address 81 Ticonderoga Drive			Street Address 81 Ticonderoga Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Nicole Quaranto			Treasurer Name Bret 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 <input type="checkbox"/>					
Director Name Lynn E. Quaranto			Director Name Stephanie Quaranto		
Street Address 81 Ticonderoga Drive			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.					
<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 Lynn E. Quaranto				Date 06/01/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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