



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

JUL 30 2020

BY

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|  |                 |   |  |                        |                     |
|--|-----------------|---|--|------------------------|---------------------|
| 1. Entity ID Number<br><b>60607</b>  |                 | 2. Exact name of the Corporation<br><b>THE WW JAYCEES ED &amp; LIBRARY Foundation</b>   |  |                        |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>To promote and Support Educational And Library Projects</b> |  |                        |                     |
| 4. NAICS Code<br><b>813211</b>   |                 |   |  |                        |                     |
| 6. Principal Office Address<br><b>1551 Centerville Road</b>  |                 |   | City<br><b>Warwick</b>                         | State<br><b>RI</b>     | Zip<br><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>02893</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>        |                 |   |  |                        |                     |
| <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<br><b>John Lancellotta</b>   |                 |   |  | Date<br><b>7/27/20</b> |                     |
| Signature of Officer/Authorized Representative<br><i>John J. Lancellotta, Vice President</i>   |                 |   |  |                        |                     |

## MAIL TO:

Division of Business Services

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