



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001685098

2. Name of Corporation KWAOR Foundation, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813910

4. Principal Office Address

No. and Street: 2240 SOUTH COUNTY TRAIL, SUITE 3

City or Town: EAST GREENWICH

State: RI Zip: 02813 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO OPERATE EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED. IN FURTHERANCE OF THESE PURPOSES, THE CORPORATION SHALL HAVE THE POWERS TO CARRY ON ANY BUSINESS OR OTHER ACTIVITY THAT MAY BE LAWFULLY CONDUCTED BY A CORPORATION UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT AND TO DO ANY THINGS NECESSARY, PROPER AND CONSISTENT WITH MAINTAINING TAX-EXEMPT STATUS UNDER SECTION 501(C)(3).

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER FASCIONE	461 MAIN STREET EAST GREENWICH, RI 02818 USA
TREASURER	PATRICIA LENIHAN	527 MAIN ROAD EAST GREENWICH, RI 02818 USA
SECRETARY	PATRICIA LENIHAN	527 MAIN ROAD EAST GREENWICH, RI 02818 USA
VICE PRESIDENT	CECELIA O'BRIEN	4009 OLD POST ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	CECELIA O'BRIEN	4009 OLD POST ROAD CHARLESTOWN, RI 02818 USA
DIRECTOR	PETER IZZI	501 CENTERVILLE ROAD WARWICK, RI 02886 USA
DIRECTOR	MARY SHEKARCHI	33 COLLEGE HILL ROAD WARWICK, RI 02886 USA
DIRECTOR	CHRISTOPHER FASCIONE	461 MAIN STREET EAST GREENWICH, RI 02818 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BRIAN LAPLANTE, ESQ. 78 KENWOOD STREET CRANSTON , RI 02907

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of March, 2021 at 4:23:21 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LINDA J. ARCOUETTE
Signature of Authorized Person

Form No. 631
Revised 09/07