



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

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

JUN 17 2021

EX-100186

1. Entity ID Number 000163612		2. Exact name of the Corporation Robert J. Shapiro Fund for Warwick Schools			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide funds to benefit students of Warwick schools			
4. NAICS Code 611110 - Elementary and Second					
6. Principal Office Address 80 Hallmark Drive		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John Howell			Vice-President Name None		
Street Address 294 Bellman Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name None			Treasurer Name John Thompson		
Street Address			Street Address 80 Hallmark Drive		
City	State	Zip	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Patricia Lynch			Director Name Claire Flaherty		
Street Address 96 Governors Drive			Street Address 936 Buttonwoods Ave		
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886
Director Name Joyce Andrade			Director Name		
Street Address 6 Deerfield Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 John F Thompson				Date 14 June 2021	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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