



State of Rhode Island
Department of State - Business Services Division

FILED

JUL 20 2021

STAMP
 1114

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.

1. Entity ID Number 000519588		2. Exact name of the Corporation THE ROCKY POINT FOUNDATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 1944 WARWICK AVENUE		City WARWICK		State RI	Zip 02889
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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 CLIFFORD J. DECK			
Street Address		Street Address 107 CHANNEL VIEW, UNIT 2			
City	State	Zip	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 KATE STARK		Director Name JOSEPH SOLOMON JR.			
Street Address 19 CHANNEL VIEW, UNIT 1		Street Address 54 HESS AVENUE			
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name GEORGE SHUSTER		Director Name			
Street Address 15 RIVER VUE		Street Address			
City WARWICK	State RI	Zip 02889	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 CLIFFORD J. DECK				Date 7/19/21	
Signature of Officer/Authorized Representative 					

MAIL TO:
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