RI SOS Filing Number: 202218425150 Date: 6/9/2022 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

**FILED** 

Annual Report for the year: 2022 **Non-Profit Corporation** 

JUN 09 2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of	2. Exact name of the Corporation				
163612	Robert J. Shapiro Fund for Warwick Schools					
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Fund cultural arts and other educational needs in Warwick Public schools					
4. NAICS Code						
611110 - Elementary and Second	_					
5. Principal Office Address			City	State	Zip	
80 Hallmark Drive			Warwick	RI	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			
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	City	State	Zip	
Secretary Name None			Treasurer Name John Thompson			
Street Address			Street Address 80 Hallmark Drive			
City	State	Zīp	<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 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 Kathleen Bowling			Director Name Claire Flaherty			
Street Address 107 Squantum Drive			Street Address 936 Buttonwoods Ave			
City Warwick	State RI	<sup>Zip</sup> 02888	City Warwick	State Ri	<sup>Zip</sup> 02886	
Director Name Joyce Andrade			Director Name			
Street Address 6 Deerfield Avenue			Street Address			
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date		
John F Thompson				6 June 2022		
Signature of Officer/Authorized Representative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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