



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 000896495		2. Exact name of the Corporation Angie Dolan Memorial Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The advancement of youth health and camaraderie of school aged boys and girls in Bristol and Warren			
4. NAICS Code 813219 - Other Grantmaking anc					
6. Principal Office Address 52 Touisset Road			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Dolan			Vice-President Name Doug Drainville		
Street Address 52 Touisset Road			Street Address 1 Olivia Way		
City Warren	State RI	Zip 02885	City Seekonk	State MA	Zip 02771
Secretary Name Jason Gale			Treasurer Name		
Street Address 3 Lambert Lane			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
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 Douglas Drainville			Director Name John Dolan		
Street Address 1 Olivia Way			Street Address 52 Touisset Road		
City Seekonk	State MA	Zip 02771	City Warren	State RI	Zip 02885
Director Name Jason Gale			Director Name		
Street Address 3 Lambert Lane			Street Address		
City Warren	State RI	Zip 02885	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. Dolan					Date 12-11-22
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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