



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.

FILED

FEB 07 2023

BY

FOR
SECRETARY OF STATE
E ONLY

1. Entity ID Number 000030923		2. Exact name of the Corporation The Charles Samdperil Humanitarian Memorial Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable Foundation			
4. NAICS Code 813211 - Grantmaking Found					
6. Principal Office Address 479 Poppasquash Road		City Bristol		State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Amy Moorin		Vice-President Name			
Street Address 527 Tailsome Hill Road		Street Address			
City Fairfield	State CT	Zip 06825	City	State	Zip
Secretary Name Lisa Davis		Treasurer Name Richard E. Samdperil			
Street Address 479 Poppasquash Road		Street Address 22 Humphreys Court			
City Bristol	State RI	Zip 02809	City Portsmouth	State NH	Zip 03801
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 Marcia Meyers		Director Name Amy Moorin			
Street Address 7485 Bondsberry Court		Street Address 527 Tailsome Hill Road			
City Boca Raton	State FL	Zip 33434	City Fairfield	State CT	Zip 06825
Director Name Deborah Ross		Director Name			
Street Address 596 Westport Avenue		Street Address			
City Norwalk	State CT	Zip 06851	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 Richard E. Samdperil				Date 02/05/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov