

Entity ID 000484583

Gregg Amore



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

(CID): YX5398

PIN 7563

145
President c.

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporation ID No. 484583		2. Name of Corporation JAY G. LAWRENCE Foundation	
3. Corporation R.I.		4. Corporate address in Rhode Island - Street Address P.O. Box 580, 511 Putnam Pike	
5. Foreign corporation. Enter principal office address:		City Smithfield	Zip 02828
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Scholarships/Youth Memorial		State	Zip
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name PETER LAWRENCE		Vice President Name MIKE ROMANO	
Street Address 12 High View Drive		Street Address 3 Cherry Blossom Lane	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02828	
Secretary Name JULIE ROMANO		Treasurer Name GERALD LAWRENCE	
Street Address 3 Cherry Blossom Lane		Street Address 282 Waterman Ave	
City Smithfield	State RI	City Smithfield	State RI
Zip 02828		Zip 02917	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L.			
Director Name DONALD BRUSH		Director Name GREG YOUNG	
Street Address P.O. Box 477		Street Address Chopmist Hill Rd	
City HARMONY	State RI	City Chepachet	State RI
Zip 02829		Zip 02814	
Director Name BARRY SUTCLIFFE		Director Name BRAD SUTCLIFFE	
Street Address 12 Appleseed Drive		Street Address 12 Appleseed Dr.	
City Smithfield	State RI	City Smithfield	State RI
Zip 02829		Zip 02828	
9. REGISTERED AGENT IN RHODE ISLAND			

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-137-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
MAR 08 2023
BY 412 DS

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the statements contained herein are true and correct.

Gerald Lawrence 3/6/23
Signature of Officer
GERALD LAWRENCE
Print or Type Name of Officer
TREASURER
Title of Officer

File Date _____
Check No. _____
By: _____
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