



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*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.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001693395

**2. Name of Corporation** Jonn P.B.R. DuClau Memorial Foundation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

999999

**4. Principal Office Address**

No. and Street: 7 KENNEDY DRIVE

City or Town: COVENTRY

State: RI

Zip: 02816

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROVIDE CHARITABLE SUPPORT TO OPERATION IRAQI FREEDOM AND  
OPERATION ENDURING FREEDOM VETERANS AND FAMILIES

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	AMANDA DUCLAU	7 KENNEDY DRIVE COVENTRY, RI 02816 USA
DIRECTOR	CASSANDRA DUCHARME	140 PILGRIM AVENUE COVENTRY, RI 02816 USA
DIRECTOR	ROBERT DUCLAU	194 BRANDY BROOK ROAD SCITUATE, RI 02857 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

AMANDA DUCLAU 7 KENNEDY DRIVE COVENTRY , RI 02816

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 20 Day of March, 2023 at 9:06:55 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CASSANDRA E. DUCHARME  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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