



**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.** 000419235

**2. Name of Corporation** Ponaganset Education Foundation, Inc.

**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

813211

**4. Principal Office Address**

No. and Street: 91 ANAN WADE ROAD

City or Town: NORTH SCITUATE

State: RI

Zip: 02857

Country: USA

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

TO FOSTER STUDENT EXCELLENCE, TEACHER CREATIVITY AND SCHOOL BASED INITIATIVES

AT THE PONAGANSETT HIGH AND MIDDLE SCHOOLS IN THE FOSTER GLOCESTER REGIONAL SCHOOL DISTRICT

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
SECRETARY	DENNIS CHRETIEN	2A TRAY HOLLOW ROAD FOSTER, RI 02825 USA
TREASURER	LYNN RICHARDSON	97 SOUTH KILLINGLY ROAD FOSTER, RI 02825 USA
PRESIDENT	MARK BAKER	174 EAST STREET HINGHAM, MA 02043 USA
DIRECTOR	SHARRON ROTHBERG	34F WATER VIEW DRIVE SMITHFIELD, RI 02917 USA
VICE PRESIDENT	NANCY MENDIZABAL	12 WINSTON WAY JOHNSTON, RI 02919 USA
DIRECTOR	WILLIAM R VANGEL JR	137 FOSTER CENTER ROAD FOSTER, RI 02825 USA
DIRECTOR	JENNIFER LORENZO	13 ERNEST ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	DIANNE MORRONE	16 WEATHERVANE WAY BRADFORD, RI 02808 USA
DIRECTOR	MICHAEL BARNES	PO BOX 8 FOSTER, RI 02825 USA
DIRECTOR	EDWARD SERVELLO	128 OLNEY KEACH ROAD CHEPACHET, RI 02814 USA
DIRECTOR	KENNETH VILLANOVA	251 DOUGLAS HOOK ROAD CHEPACHET, RI 02814 USA
DIRECTOR	CAROLYN VILLANOVA	251 DOUGLAS HOOK ROAD CHEPACHET, RI 02814 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**

DR. MICHAEL BARNES 91 ANAN WADE ROAD NORTH SCITUATE , RI 02857

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

**Signed this 11 Day of April, 2023 at 2:27:08 PM 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 LYNN RICHARDSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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