RI SOS Filing Number: 202334485980 Date: 4/27/2023 4:00:00 PM

	State of Rhode Islan
[[[[]]	Department of

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation	2023
-> Filing period: February 1 - May 1	

FILED

APR 27 2023

BY 1007

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation							
001703827	Willow Piedmont Foundation							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
Rhode Island	Providing grants of or for adaptive equipment to financially distressed							
4. NAICS Code	individuals who are disabled. Providing grants of water-purifying equipment to							
813211#GrantmakingFoundati	financially distressed individuals in a community lacking clean water resources.							
6. Principal Office Address			City	State	Zip			
84 Mason Ave			Cranston	RI	02910			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Marcel D'Auteuil			Vice-President Name Edward W Johnson					
Street Address 84 Mason Ave			Street Address PO Box 861					
^{City} Cranston	State RI	^{Zip} 02910	City East Greenwich	State RI	^{Zip} 02818			
Secretary Name Raymond Butterfield III			Treasurer Name Marguerite Hedges					
Street Address 500 Pontiac Ave			Street Address 3552 Brookline Dr					
City Cranston	State RI	^{Zip} 02910	City Sarasota	State FL	^{Zip} 34239			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name Marcel D'Auteuil			Director Name Edward W Johnson					
Street Address 84 Mason Ave			Street Address PO Box 861					
^{City} Cranston	State RI	^{Zip} 02910	City East Greenwich	State RI	^{Zip} 02818			
Director Name Raymond Butterfield III			Director Name Marguerite Hedges					
Street Address 500 Pontiac Ave			Street Address 3552 Brookline Dr					
^{City} Cranston	State RI	^{Zip} 02910	^{City} Sarasota	State FL	^{Zip} 34239			
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 Repres		Date						
Marcel D'Auteuil				04/25/2023				
Signature of Officer/Authorized Rep	resentative	·			· · · · · · · · · · · · · · · · · · ·			
marcel D'auteuil								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov