



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
 APR 27 2023
 BY 1007
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1. Entity ID Number 001703827		2. Exact name of the Corporation Willow Piedmont Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Providing grants of or for adaptive equipment to financially distressed individuals who are disabled. Providing grants of water-purifying equipment to financially distressed individuals in a community lacking clean water resources.			
4. NAICS Code 813211 Grantmaking Foundati					
6. Principal Office Address 84 Mason Ave		City Cranston	State RI	Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Marcel D'Auteuil				Date 04/25/2023	
Signature of Officer/Authorized Representative <i>Marcel D'Auteuil</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov