



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

MAY 01 2023

BY

[Signature]

1. Entity ID Number 791248		2. Exact name of the Corporation East Greenwich Rotary Charitable Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To raise and distribute funds for other charitable organizations			
4. NAICS Code 813219					
6. Principal Office Address 55 Bretton Woods Drive		City Cranston		State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathleen Upham c/o Bank Newport			Vice-President Name William TenEyck		
Street Address 1000 Division Street			Street Address 53 Benjamin Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Kathryn McMahon			Treasurer Name John Wolcott		
Street Address 249 South Cobble Hill Road			Street Address 55 Bretton Woods Drive		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02920
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 George Cooper			Director Name Kenneth Mills		
Street Address 54 Cindy Ann Drive			Street Address 186 Briarbrook Drive		
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
Director Name Donna Wolcott			Director Name Ronald Winde		
Street Address 55 Bretton Woods Drive			Street Address 264 Randall Avenue		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02889
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 Representative John M. Wolcott, Treasurer					Date 4/27/2023
Signature of Officer/Authorized Representative <i>John M. Wolcott</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov