

## State of Rhode Island

## **Department of State - Business Services Division**

## Annual Report for the year: 2023

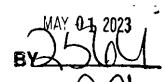
Non-Profit Corporation

→ Filing period: February 1 - May 1

Filing Fee. \$20.00

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

## FILED



1. Entity ID Number 791248	2. Exact name of the Corporation  East Greenwich Rotary Charitable Fund				2	
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 a	ddresses)		Check	the box to indicate a	an attachment	
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	<sup>Zip</sup> 02818	Cily 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	<sup>Zip</sup> 02886	City Cranston	State RI	Zip 02920	
8. List ALL directors (names and	addresses). RI Co	rporations MUST		k the box to indicate		
Director Name George Cooper			Director Name Kenneth Mills			
Street Address 54 Cindy Ann Drive			Street Address 186 Briarbrook Drive			
City East Greenwich	State RI	<sup>Zip</sup> 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			
<sup>City</sup> Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02889	
9. The Registered Agent informat	ion of record with	the RI Department	t of State is accurate. Changes rec	quire filing Form 64		
Under penalty of perjury, I deci statements, and that all statem			ed this report, including any acc d correct.	ompanying sched	lules and	
			Secretary, Treasurer, duly Authorized Repres	entative. Receiver or Tr	ustee.	
Name of Officer/Authorized Representative				Date		
John M. Wolcott, Treasurer				4/27/2023		
Signature of Officer/Authorized Reduction (Control of Control of C		tt				

MAIL TO:

**Division of Business Services** 

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

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