RI SOS Filing Number: 202337964860 Date: 6/15/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

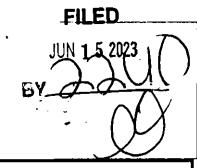
Annual Report for the year: 2023

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.



1. Entity ID Number 000100233	2. Exact name of the Corporation CHARIHO ROTARY CLUB FOUNDATION, INCORPORATED				
3. State of Incorporation RI 4. NAICS Code 813211	5. Brief description of the character of business conducted in Rhode Island Charitable fundraising and distribution of grants to charitable and civic causes.				
6. Principal Office Address PO Box 543			City Hope Valley	State RI	Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Jeff Duscha			Vice-President Name Chuck Hogan		
Street Address 109 Woodville Alton Road			Street Address 11 Old Route 15		
^{City} Hope Valley	State RI	^{Zip} 02832	^{City} Cambridge	State VT	Zip 05444
Secretary Name Merrill K Moone			Treasurer Name H. Douglas Randall IV		
Street Address 84 Lewiston Avenue			Street Address 10 Oak Hollow Lane		
City West Kingston	State RI	^{Zip} 02892	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name David Henley			Director Name Jeanne Abate		
Street Address 99 Peckham Hollow Road			Street Address 8A State Street		
^{City} Charlestown	State RI	^{Zíp} 02813	City Westerly	State RI	Zip UZO 13
Director Name Gilbert Barnes			Director Name Edward Smith		
Street Address 4043 Old Post Road			Street Address 137 King Tom Drive		
^{City} Charlestown	State RI	^{Zip} 02813	^{City} Charlestown	State RI	Zip 02813
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				Date	
H. Douglas Randali IV				4/28/2023	
Signature of Officer/Authorized Representative U. III IUII TU					

MAIL TO:

Division of Business Services

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

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