

FILED

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.

JUN 15 2023
BY *[Signature]*

1. Entity ID Number 000100233		2. Exact name of the Corporation CHARIHO ROTARY CLUB FOUNDATION, INCORPORATED	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable fundraising and distribution of grants to charitable and civic causes.	
4. NAICS Code 813211			
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 <input type="checkbox"/>			
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	City Cambridge	State VT
Zip 02832		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	City Charlestown	State RI
Zip 02892		Zip 02813	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name David Henley		Director Name Jeanne Abate	
Street Address 99 Peckham Hollow Road		Street Address 8A State Street	
City Charlestown	State RI	City Westerly	State RI
Zip 02813		Zip 02813	
Director Name Gilbert Barnes		Director Name Edward Smith	
Street Address 4043 Old Post Road		Street Address 137 King Tom Drive	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		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.			
<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 H. Douglas Randall IV			Date 4/28/2023
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov