



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001676716

2. Name of Corporation Rhode Island Pharmacy Foundation Inc

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813211

4. Principal Office Address

No. and Street: 1643 WARWICK AVE

PMB 113

City or Town: WARWICK

State: RI

Zip: 02889

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO ENCOURAGE THE ADVANCEMENT OF THE PRACTICE OF PHARMACY IN THE STATE OF RHODE ISLAND

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL POIRIER	101 MAYFLOWER DRIVE EAST GREENWICH, RI 02818 USA
TREASURER	SCOTT LANCELOTTA	115 CASTLETON DRIVE CRANSTON, RI 02921 USA
SECRETARY	KELLEY SANZEN	92 NOTTINGHAM RD WEST WARWICK, RI 02893 USA
BOARD MEMBER	DANIEL LEFKOWITZ	137 MOUNTAIN LAUREL DR CRANSTON, RI 02920 USA
DIRECTOR	LYNNE PEZZULLO	PO BOX 9367 PROVIDENCE, RI 02940 USA
DIRECTOR	ERICA ESTUS	55 LOWER COLLEGE RD KINGSTON, RI 02881 USA
DIRECTOR	KYLIE FOGARTY	660 POINT JUDITH RD. NARRAGANSETT, RI 02882 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

HEATHER LARCH 1643 WARWICK AVENUE PMB 113 WARWICK , RI 02889

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of February, 2024 at 3:43:51 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SCOTT LANCELOTTA
Signature of Authorized Person

Form No. 631
Revised 09/07