



**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

**Foreign Non-Profit  
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.** 001731571

**2. Name of Corporation** Disosway Foundation, Inc.

**3. State of Incorporation**

State: DE

**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: 58 OCEAN VIEW HIGHWAY

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

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

TO MAKE GRANTS

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

SECRETARY	CAROLE H JOHNSON	58 OCEAN VIEW HWY WESTERLY, RI 02891 USA
PRESIDENT	DUDLEY D. JOHNSON	58 OCEAN VIEW HIGHWAY WESTERLY, RI 02891 USA
ASSISTANT SECRETARY	THOMAS E KRUGER	16304 CORSICA WAY #202 NAPLES, FL 34110 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**

DUDLEY D. JOHNSON 58 OCEAN VIEW HIGHWAY WESTERLY , RI 02891

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

**Signed this 16 Day of February, 2024 at 1:08:10 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 DUDLEY D JOHNSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved