



**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.** 000726102

**2. Name of Corporation** The Simon W. Wardwell Foundation

**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: 2000 CHAPEL VIEW BLVD., SUITE 350

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

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

TO PROVIDE GRANTS, SUPPORT, ENDOWMENT, AND ASSISTANCE TO, OR TO ENGAGE DIRECTLY IN ACTIVITIES THAT SUPPORT, THE STUDYING, PLANNING FOR, DESIGNING, ERECTING, CONSTRUCTING, ENHANCING, IMPROVING, MODERNIZING, OR OPERATION IN RHODE ISLAND OF: (1) PUBLIC SERVICES, INCLUDING INFRASTRUCTURE; (2) HOSPITALS AND HEALTH CARE FACILITIES; (3) EDUCATIONAL INSTITUTIONS, PARTICULARLY THOSE FOCUSING ON EARLY CHILDHOOD EDUCATION; AND (4) ORGANIZATIONS, FACILITIES, AND SERVICE PROVIDERS PROVIDING RESIDENCES FOR AGED COUPLES; PROVIDED, HOWEVER,

THAT IN EACH SUCH CASE PREFERENCE SHALL BE GIVEN TO PROGRAMS, SERVICES, AND FACILITIES LOCATED IN THE GEOGRAPHIC AREAS OF CENTRAL FALLS, PAWTUCKET, CUMBERLAND, AND LINCOLN; AND PROVIDED, FURTHER, THAT IN EACH SUCH CASE PREFERENCE SHALL BE GIVEN TO PROGRAMS, INITIATIVES, FACILITIES, AND SERVICES THAT SERVE, OR SEEK TO SERVE, AS MODELS OR INNOVATORS IN THEIR RESPECTIVE AREAS.

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------------------|------------------------------------------------|------------------------------------------------------------|
| SECRETARY             | DAVID E. FARNUM                                | 2631 HARKNEY HILL ROAD<br>COVENTRY, RI 02816 USA           |
| PRESIDENT / TREASURER | ALFRED P. DEGEN                                | 7 BUCKBOARD DRIVE<br>CUMBERLAND, RI 02864 USA              |
| VICE PRESIDENT        | JOHN J. PARTRIDGE ESQ.                         | 355 BLACKSTONE BLVD., APT. 336<br>PROVIDENCE, RI 02906 USA |
| DIRECTOR              | KATHLEEN C. OROVITZ                            | 1005 DOUGLAS PIKE<br>SMITHFIELD, RI 02917 USA              |
| DIRECTOR              | JESSICA WATERS                                 | 150 WASHINGTON STREET<br>PROVIDENCE, RI 02903 USA          |
| DIRECTOR              | DAVID E. FARNUM                                | 2631 HARKNEY HILL ROAD<br>COVENTRY, RI 02816 USA           |
| DIRECTOR              | ALFRED P. DEGEN                                | 7 BUCKBOARD DRIVE<br>CUMBERLAND, RI 02864 USA              |
| DIRECTOR              | JOHN J. PARTRIDGE ESQ                          | 355 BLACKSTONE BLVD., APT 336<br>PROVIDENCE, RI 02906 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**

MAUREEN SHERIDAN 2000 CHAPEL VIEW BOULEVARD, SUITE 350 CRANSTON , RI 02920

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

**Signed this 20 Day of February, 2024 at 5:15:59 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 MAUREEN SHERIDAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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