

RECEIVED
 RI SOS BSD
 24 MAR 19 AM 9:53:50



**State of Rhode Island
 Department of State - Business Services Division**

Annual Report for the year: 2024

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 000071450		2. Exact name of the Corporation Cheryl Ann Faulkner Dowding Foundation		
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Scholarships		
4. NAICS Code 611310				
6. Principal Office Address 81 Ticonderoga Drive		City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>				
President Name Lynn E. Quaranto		Vice-President Name Stephanie Quaranto		
Street Address 81 Ticonderoga Drive		Street Address 81 Ticonderoga Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI Zip 02889
Secretary Name Nicole Quaranto		Treasurer Name Bret Zimmerman		
Street Address 81 Ticonderoga Drive		Street Address 12 Zachariah Place		
City Warwick	State RI	Zip 02889	City Warwick	State RI Zip 02889
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Lynn E. Quaranto		Director Name Stephanie Quaranto		
Street Address 81 Ticonderoga Drive		Street Address 81 Ticonderoga Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI Zip 02889
Director Name Nicole Quaranto		Director Name Bret Zimmerman		
Street Address 81 Ticonderoga Drive		Street Address 12 Zachariah Place		
City Warwick	State RI	Zip 02889	City Warwick	State RI Zip 02889
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.				
<small>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>				
Name of Officer/Authorized Representative Lynn E. Quaranto			Date March 12, 2024	
Signature of Officer/Authorized Representative 				

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 18 2024
 BY ML 1193