

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

Annual	Report	for the	year:	2024

Non-Profit Corporation

→ Filing penod: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if the second s	form is not filed by	May 31.		50			
1. Entity ID Number 000071450	2. Exact name of the Corporation Cheryl Ann Faulkner Dowding Foundation						
State of Incorporation RI	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 add	resses)			box to indicate an at	tachment 🔲		
President Name Lynn E. Quarai	nto		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 U∠୪୪५		
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	0 2889		
8. List ALL directors (names and ad	Idresses). RI Corp	orations MUST lis		e box to indicate an a	ttachment		
Director Name Lynn E. Quarant	to		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} U∠ၓၓႸ		
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	02889		
9. The Registered Agent information	n of record with th	e RI Department c	of State is accurate. Changes require	filing Form 641.			
Under penalty of perjury, I declar statements, and that all statemen			I this report, including any accomp correct.	panying schedule	s and		
This report must be signed by either the Pres	ident, Vice President, S	Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Representat	live, Receiver or Trustee	i.		
Name of Officer/Authorized Representative Date							
Lynn E. Quaranto	March 12,	2024					
Signature of Officer/Authorized Rep							
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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 1 8 2024 BY \(\sqrt{1} \)

FORM 631- Revised: 12/2023