



State of Rhode Island
Department of State - Business Services Division

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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 000133972		2. Exact name of the Corporation KAYLA JEAN RICCI MEMORIAL FOUNDATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island THE MEMORIAL SHALL SERVE TO PERPETUATE THE MEMORY OF KAYLA JEAN RICCI			
4. NAICS Code 813312					
6. Principal Office Address 16 WARFIELD AVENUE			City CRANSTON	State RI	Zip 02920
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES E. RICCI			Vice-President Name JAMES E. MCGWIN JR		
Street Address 16 WARFIELD AVENUE			Street Address 412 CHIMNEY ROCK DRIVE		
City CRANSTON	State RI	Zip 02920	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name			Treasurer Name DEBORAH L. BURBANK		
Street Address			Street Address 606 STONY LANE		
City	State	Zip	City NORTH KINGSTOWN	State RI	Zip 02852
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 SHARON RICCI			Director Name JOYCE LETOURNEAU		
Street Address 120 HIGHBANK AVENUE			Street Address 154 SHEFFIELD HILL ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City EXETER	State RI	Zip 02822
Director Name CAITLAN LETOURNEAU			Director Name		
Street Address 154 SHEFFIELD HILL ROAD			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative JAMES E. RICCI				Date 3-15-24	
Signature of Officer/Authorized Representative <i>James E Ricci</i>					

MAIL TO:
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Website: www.sos.ri.gov