RI SOS Filing Number: 202449998490 Date: 4/1/2024 1:20:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

RECD R.I. '24 APR 1 ... 11:...

1. Entity ID Number	2. Exact name of the Corporation
000103272	The Charlestown memorial day committee Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To organize and promote activities Designed to Educate residents of the communities of RI regarding the sacrifices made by their forefathers that culminated in the recognition of memorial day
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
PO BOX 74	Charlestown	RI	02813

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Heather Paviotta	Joe Dolcic
Street Address: 24 rose Lane	Street Address: 38 East Quail Run
City: Shannock; State: RI; Zip: 02875	City: Charlestown; State: RI; Zip: 02813
Secretary Name	**Treasurer Name**
Andrew Checcia	Gina Catalano
Street Address: 13 Cherokee Bend	Street Address: 139 Spartina Cove Way
City: Charlestown; State: RI; Zip: 02813	City: Wakefield; State: RI; Zip: 02879

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
rich Lutz	Andrew Kettel
Street Address: 260 rossnill road	Street Address: 198 David Dr
City: Charlestown; State: RI; Zip: 02813	City: North Kingstown; State: RI; Zip: 02852
Director Name	**Director Name**
Evelyn Smith	lynn Heinman
Street Address: PO BOX 1379	Street Address: PO BOX 74
City: Charlestown; State: RI; Zip: 02813	City: Charlestown; State: RI; Zip: 02813

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.

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

Name of Officer/Authorized Representative	Date
Heather Paviotta	3/27/2024

Signature of Officer/Authorized Representative: Heather Paviotta

FILED 120
APR - 1 2024
BY NEPJH

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

FORM 001 (Revised 12/2022)