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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	2. Exact name of the Corporation
1735772	Elizabeth C. Grey Foundation
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Supporting Wildlife and Wildlife Rescues with a focus on promoting A.L.S. awareness
4. NAICS Code	
813312	

6. Principal Office Address	City	State	Zip
~~42 Lane~~ 42 Lane 2	Warwick	RI	02888

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

President Name	Vice-President Name
Jim Carr	Terrace Greene
Street Address	**Street Address**
42 Lane 2	16 Herbert St.
City: Warwick · State: RI · Zip: 02888	City: East Greenwich · State: RI · Zip: 02818
Secretary Name	**Treasurer Name**
Carl Leonard	Jack Doherty
Street Address	**Street Address**
142 Wood St	1901 Post Rd
City: Warwick · State: RI · Zip: 02889	City: Warwick · State: RI · Zip: 02886

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
Mary Warburton	Channa Leonard
Street Address	**Street Address**
4 John F. Kennedy Circle	142 Wood St
City: No. Providence · State: RI · Zip: 02904	City: Warwick · State: RI · Zip: 02889
Director Name	**Director Name**
Courtney Martin	
Street Address	**Street Address**
3595 Post Rd # 8-802	
City: Warwick · State: RI · Zip: 02886	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.

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
Carl Leonard	1-9-24

Signature of Officer/Authorized Representative

FILED 1052
APR - 2 2024
BY PAX PK

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 631- Revised: 04/2023