



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGEBURY
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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.

1. Entity ID Number <u>1735772</u>		2. Exact name of the Corporation <u>Elizabeth C. Grey Foundation</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Supporting Wildlife and Wildlife Rescues, with a focus on promoting A.L.S. awareness</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>42 West 42 Lane 2</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02888</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Jim Carr</u>		Vice-President Name <u>Teresa Greene</u>	
Street Address <u>42 Lane 2</u>		Street Address <u>16 Herbert St.</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>East Greenwich</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02818</u>	
Secretary Name <u>Carl Leonard</u>		Treasurer Name <u>Jack Doherty</u>	
Street Address <u>142 Wood St</u>		Street Address <u>1901 Post Rd</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02886</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Mary Warburton</u>		Director Name <u>Charina Leonard</u>	
Street Address <u>4 John F. Kennedy Circle</u>		Street Address <u>142 Wood St</u>	
City <u>No. Providence</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02889</u>	
Director Name <u>Courtney Martin</u>		Director Name	
Street Address <u>3595 Post Rd # 8-802</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	City	State
Zip <u>02886</u>		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 <u>Carl Leonard</u>			Date <u>1-9-24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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