



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.

FILED

APR 18 2024

BY *[Signature]*

1. Entity ID Number 000100233		2. Exact name of the Corporation CHARIHO ROTARY CLUB FOUNDATION, INCORPORATED			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable fundraising and distribution of grants to charitable and civic causes.			
4 NAICS Code 813211					
6. Principal Office Address PO Box 543			City Hope Valley	State RI	Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dennis McLeavy			Vice-President Name Larry Dunn		
Street Address 121 Estelle Drive			Street Address 12 Waxcadowa Ave		
City West Kingston	State RI	Zip 02892	City Westery	State RI	Zip 02891
Secretary Name			Treasurer Name H. Douglas Randall IV		
Street Address			Street Address 10 Oak Hollow Lane		
City	State	Zip	City Charlestown	State RI	Zip 02813
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 David Henley			Director Name Jeanne Abate		
Street Address 99 Peckham Hollow Road			Street Address 8A State Street		
City Charlestown	State RI	Zip 02813	City Westery	State RI	Zip 02891
Director Name Gilbert Barnes			Director Name Edward Smith		
Street Address 4043 Old Post Road			Street Address 137 King Tom Drive		
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.					
<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 H. Douglas Randall IV				Date 3/25/24	
Signature of Officer/Authorized Representative <i>H. Douglas Randall IV</i>					

MAIL TO:
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