



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.

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BUSD

1. Entity ID Number 00720206		2. Exact name of the Corporation The Rhode Island Academy of Wines			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To develop an understanding of the beneficial effects of wine and other related activities			
4. NAICS Code 813990					
6. Principal Office Address 6 Hi View Drive			City Hope	State RI	Zip 02831
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Lukowicz			Vice-President Name NONE		
Street Address 145 Scranton Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Paul Jones			Treasurer Name John Lombardo		
Street Address 15 Curtis Road			Street Address 105 Molie Drive		
City Bristol	State RI	Zip 02809	City Cranston	State RI	Zip 02921
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 Siwieki			Director Name Marc Andreoni		
Street Address 40 Columbia Lane			Street Address 262 Irving Avenue		
City Jamestown	State RI	Zip 02835	City Providence	State RI	Zip 02903
Director Name William Riccitelli			Director Name Daniel Lukowicz		
Street Address 6 Hi View Drive			Street Address 145 Scranton Avenue		
City Hope	State RI	Zip 02831	City Warwick	State RI	Zip 02886
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 Daniel Lukowicz, President					Date 4/25-24
Signature of Officer/Authorized Representative <i>Daniel Lukowicz</i>					FILED

3:28 APR 22 2024 BY ML 1233