



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001753108

2. Name of Corporation Friends of Chariho for the Future

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813410

4. Principal Office Address

No. and Street: 139 SCAPA FLOW ROAD

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

FRIENDS OF CHARIHO FOR THE FUTURE (THE CORPORATION) IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE CORPORATION SHALL ORGANIZE VOLUNTEERS AND FUNDRAISE TO SUPPORT THE CHARIHO REGIONAL SCHOOL DISTRICT AND THE TRI-TOWN

CHARIHO
COMMUNITY, AS WELL AS ADVOCATE FOR THE PASSING OF THE ANNUAL
CHARIHO
REGIONAL SCHOOL DISTRICT BUDGET.

NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INURE TO THE
BENEFIT
OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER
PRIVATE PERSONS, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED
AND
EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED
AND TO MAKE
PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES DESCRIBED
IN
SECTION 501(C)(3). THE CORPORATION MAY MAKE LIMITED EXPENDITURES TO
INFLUENCE LEGISLATION WITHIN THE LIMITS DEFINED BY SECTION 501(H) OF
THE
INTERNAL REVENUE CODE. THE CORPORATION SHALL NOT PARTICIPATE IN, OR
INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS)
ANY
POLITICAL CAMPAIGN ON BEHALF OF OR IN OPPOSITION TO ANY CANDIDATE
FOR
PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THESE
ARTICLES, THE
CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED
TO BE
CARRIED ON (A) BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX
UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING
SECTION OF ANY FUTURE FEDERAL TAX CODE, OR (B) BY A CORPORATION,
CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(C)(2) OF THE
INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE
FEDERAL
TAX CODE.

UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE
DISTRIBUTED FOR
ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3)
OF THE
INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE
FEDERAL TAX
CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A
STATE OR
LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	JAMES GRAVES MCCABE	139 SCAPA FLOW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	JAMES GRAVES MCCABE	139 SCAPA FLOW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	ROBIN WOODMANSEE	227 RICHMOND TOWNHOUSE ROAD RICHMOND, RI 02892 USA
DIRECTOR	ENDAWNIS SPEARS	9 EVANS LANE HOPE VALLEY, RI 02832 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JAMES G. MCCABE 139 SCAPA FLOW ROAD CHARLESTOWN , RI 02813

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

Signed this 30 Day of April, 2024 at 10:12:38 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAMES G. MCCABE
Signature of Authorized Person

Form No. 631
Revised 09/07

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