RI SOS Filing Number: 202454804900 Date: 5/23/2024 4:00:00 PM



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

FILED
MAY 2 3 202.
BY

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.						
Exact name of the Corporation Lucille Lachapelle Charitable Foundation						
5. Brief description of the character of business conducted in Rhode Island						
Raise funds primarily for Alzheimer's research and qualified individuals						
who are suffering from a serious illness and struggling to pay medical bills.						
		City	State	Zip		
		Scituate	RI	02825		
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
dent Name			Vice-President Name			
Street Address			Street Address			
Stale	Zıp	City	State	Zip		
Secretary Name			Treasurer Name			
Street Address			Street Address			
State	Zip	City	State	Zip		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Donald Lachapelle			Director Name Phyllis Daudelin			
Street Address 50 Stanley Mowry Road			Street Address 8 Stony Creek Drive			
State RI	^{Zip} 02825	City West Warwick	State RI	Zip UZOSO		
Director Name Thomas Stone			Director Name			
Street Address 16 Brady St.			Street Address			
State RI	^{Zip} 02885	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 Authonzed Representative, Receiver or Trustee						
Name of Officer/Authorized Representative				Date /		
Donald Lachapelle				34		
Signature of Officer/Authorized Representative						
	2 Exact name of Lucille Lac. 5 Brief description Raise funds who are sufferesses) State State State State State RI State RI of record with the and affirm that its contained her its entative	2 Exact name of the Corporation Lucille Lachapelle Chi 5. Brief description of the character Raise funds primarily for a who are suffering from a series ses) State Zip State Zip Idresses). RI Corporations MUST listelle Vry Road State RI Zip 02825 State RI Zip 02825 State RI Zip 02825 State RI Zip 02835 In of record with the RI Department the and affirm that I have examined the series contained herein are true and orders, Vice-President, Secretary, Assistant Secretary, Assistant Secretary and secretary and secretary.	2 Exact name of the Corporation Lucille Lachapelle Charitable Foundation 5. Bnef description of the character of business conducted in Rhode Isl Raise funds primarily for Alzheimer's research and qu who are suffering from a serious illness and strugglin City Scituate City Scituate Check the Vice-President Name Street Address State Zip City City Treasurer Name Street Address State Zip City Director Name Phyllis Daudelin Viry Road Street Address Street Address Street Address Street Address Street Address Street Address Check the Director Name Street Address Street Address Street Address Street Address Street Address Street Address Check the City Character Changes require City and affirm that I have examined this report, including any accomplished contained herein are true and correct. City City City Check the City Check the Check	2 Exact name of the Corporation Lucille Lachapelle Charitable Foundation 5. Bnef description of the character of business conducted in Rhode Island Raise funds primarily for Alzheimer's research and qualified individ who are suffering from a serious illness and struggling to pay medic who are suffering from a serious illness and struggling to pay medic RI City Scituate City State RI Tesses) Check the box to indicate an at Vice-President Name Street Address State Zip City State Treasurer Name Street Address State Director Name Phyllis Daudelin Street Address 8 Stony Creek Drive State RI Zip 02825 City West Warwick Director Name Street Address State RI Zip 02885 City State City State Street Address State RI Zip 02885 City State City West Warwick State Director Name Street Address State RI Zip 02885 City State City State City State Director Name Street Address State RI Zip 02885 City State City State City State City State Director Name Street Address State RI Zip 02885 City State Changes require filing Form 641. City City City City City City City City		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov