



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**

MAY 23 2024

BY

1. Entity ID Number <b>001741363</b>		2. Exact name of the Corporation <b>Lucille Lachapelle Charitable Foundation</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Raise funds primarily for Alzheimer's research and qualified individuals who are suffering from a serious illness and struggling to pay medical bills.</b>			
4. NAICS Code <b>813212</b>					
6. Principal Office Address <b>50 Stanley Mowry Road</b>			City <b>Scituate</b>	State <b>RI</b>	Zip <b>02825</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Donald Lachapelle</b>			Director Name <b>Phyllis Daudelin</b>		
Street Address <b>50 Stanley Mowry Road</b>			Street Address <b>8 Stony Creek Drive</b>		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>Thomas Stone</b>			Director Name		
Street Address <b>16 Brady St.</b>			Street Address		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>Donald Lachapelle</b>					Date <b>5/16/24</b>
Signature of Officer/Authorized Representative 					

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)