



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 28 2024

BY

1. Entity ID Number <u>00006321</u>		2. Exact name of the Corporation <u>Woonsocket Rotary Charities Foundation Inc</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Charitable Foundation that awards educational Scholarships to high school graduates</u>			
4. NAICS Code <u>813219</u>					
6. Principal Office Address <u>PO Box 1212</u>		City <u>Woonsocket</u>		State <u>RI</u>	Zip <u>02895</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Adam Jarret</u>			Vice-President Name <u>Paul Bourget</u>		
Street Address <u>PO Box 954</u>			Street Address <u>365 Elm St.</u>		
City <u>Slater'sville</u>	State <u>RI</u>	Zip <u>02876</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
Secretary Name <u>William Vangel</u>			Treasurer Name <u>Lisa CanciFero</u>		
Street Address <u>42 Westcott Rd</u>			Street Address <u>111 Pinecrest Drive</u>		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>Adam Jarret</u>			Director Name <u>Paul Bourget</u>		
Street Address <u>PO Box 954</u>			Street Address <u>365 Elm St</u>		
City <u>Slater'sville</u> <u>PO Box 954</u>	State <u>RI</u>	Zip <u>02876</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
Director Name <u>Lisa CanciFero</u>			Director Name <u>Roger Bouchard</u>		
Street Address <u>111 Pinecrest Dr.</u>			Street Address <u>341 Prospect St</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
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 Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>Adam Jarret</u> <u>chairman</u>					Date <u>5/18/24</u>
Signature of Officer/Authorized Representative <u>Adam Jarret</u>					

MAIL TO:
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Website: www.sos.ri.gov