* RI SOS Filing Number: 202460578910 Date: 10/11/2024 9:44:00 AM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1 → Filing Fee \$20.00

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-> Penalty Additional \$25.00 fee if	form is not filed by	May 31					
1 Entity ID Number	2 Exact name of the Corporation						
001668179	Anne-Marie Dansicker Endowment Fund						
3 State of Incorporation	5 Brief description of the character of business conducted in Rhode Island						
RI	Scholarship money to assist graduating high school seniors in the initial						
4. NAICS Code	year.						
813219							
6 Principal Office Address			City	State	Zip		
81 Dahlia Street			Warwick	RI	02888		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Eric Dansicker			Vice-President Name				
Street Address 81 Dahlia Street			Street Address				
^{City} Warwick	State RI	^{Zip} 02888	City	State	Zip		
Secretary Name Isaac Dansicker			Treasurer Name Isaac Dansicker				
Street Address 81 Dahlia Street			Street Address 81 Dahlia Street				
City Warwick	State RI	^{Zip} 02888	City Warwick	State RI	Ζιρ 02888		
8 List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Eric Dansicker			Director Name Isaac Dansicker				
Street Address 81 Dahlia Street			Street Address 81 Dahlia Street				
^{City} Warwick	State RI	^{Zıp} 02888	City Warwick	State RI	Zip 02888		
Director Name Michael Henthorne			Director Name				
Street Address 35 Jane Street			Street Address				
^{City} Pawtucket	State RI	^{Zip} 02860	City	State	Zip		
9 The Registered Agent information	n of record with th	e RI Department o	of State is accurate. Changes requir	e filing Form 641.			
Under penalty of perjury, I declar statements, and that all statemen			I this report, including any accom correct.	panying schedu	iles and		
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Repre-				entative. Receiver or Trustee			
Name of Officer/Authorized Representative				Date			
Isaac Dansicker		Oct 6	2024				
Signature of Officer/Authorized Rep				· · · · · ·			

MAIL TO:

Division of Business Services

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

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

FORM 631- Revised, 12/2023