RI SOS Filing Number: 202566620540 Date: 3/3/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 03 2025
BY

Annual Report for the year: 2025
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.

1. Entity ID Number	2. Exact name of the Corporation
31112	Senator Gale Memorial Fund Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Charitable purpose of supporting a Scout Troop and Venture Crew
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
1811 Middle Road	East Greenwich	RI	02818

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Christopher Smith			Vice-President Name: Claudia Smith		
Street Address: 380 Moosehorn Road			Street Address: 380 Moosehorn Road		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: David Judd			Treasurer Name: David Judd		
Street Address: 1811 Middle Road			Street Address: Same as Secretary		
City: East Greenwich	State: RI	Zip: 02818	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: Paul Capuano			Director Name: Stewart Essex		
Street Address: 1 Pardons Wood Lane			Street Address: 221 Grand View Drive		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Director Name: Jody Ryan			Director Name:		
Street Address: 195 Frenchtown Road			Street Address:		
City: East Greenwich	State: RI	Zip: 02818	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 Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
David Judd	**2/26/2025**

Signature of Officer/Authorized Representative: David S Judd

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

FORM 631- Revised 12/2023