



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAR 07 2025
BY *[Signature]*

1. Entity ID Number 001335441		2. Exact name of the Corporation Jason Douglas Foreman Memorial Scholarship Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Awarding of scholarships to high school seniors			
4. NAICS Code 813211					
6. Principal Office Address PO Box 590			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Sarah Hawksley Schofield			Vice-President Name John W Foreman IV		
Street Address 528 Stony Fort Rd			Street Address 119 High Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Robin F Foreman			Treasurer Name Deborah E Watterson		
Street Address 119 High Street			Street Address 950 Kingstown Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name John W Alden			Director Name Timothy Redmond		
Street Address 4 Starview Ln			Street Address 33 Woodmans Trl		
City Westerly	State RI	Zip 02871	City Wakefield	State RI	Zip 02879
Director Name Clarke Reposa			Director Name Becky Stewart		
Street Address 815 South County Trl			Street Address 34 Maize Dr		
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
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 Deborah E Watterson				Date 3/4/2025	
Signature of Officer/Authorized Representative <i>Deborah E Watterson, Treasurer</i>					

MAIL TO:

Division of Business Services
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