State of Rhode Island
Department of State - Business Services Division

FILED
MAR 07 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
001335441	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	City	State	Zip
PO Box 590	Wakefield	RI	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	Date
Deborah E Watterson	**3/4/2025**

Signature of Officer/Authorized Representative: D E Watterson, Treasurer

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

FORM 631- Revised: 12/2023