State of Rhode Island
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000030923

2. Name of Corporation THE CHARLES SAMDPERIL HUMANITARIAN MEMORIAL FOUNDATION

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code
813211

4. Principal Office Address

No. and Street: 479 POPPASQUASH RD.
City or Town: BRISTOL State: RI Zip: 02809 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

CHARITY FOUNDATION

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	AMY MOORIN	527 TOILSOME HILL RD. FAIRFIELD, CT 06825 USA
TREASURER	RICHARD E. SAMDPERIL	22 HUMPHREYS CT. PORTSMOUTH, NH 03801 USA
SECRETARY	LISA DAVIS	479 POPPASQUASH RD. BRISTOL, RI 02809 USA
DIRECTOR	RICHARD E. SAMDPERIL	22 HUMPHREYS CT. PORTSMOUTH, NH 03801 USA
DIRECTOR	AMY MOORIN	527 TOILSOME HILL RD. FAIRFIELD, CT 06825 USA
DIRECTOR	LISA DAVIS	479 POPPASQUASH RD. BRISTOL, RI 02809 USA
DIRECTOR	DEBORAH ROSS	597 WESTPORT AVE., UNIT C258 NORWALK, CT 06851 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JAY N. ROSENSTEIN 8 GLEN DRIVE PROVIDENCE , RI 02906

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of March, 2025 at 10:05:39 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RICHARD SAMDPERIL
Signature of Authorized Person

Form No. 631
Revised 09/07