



State of Rhode Island
Department of State - Business Services Division

FILED

APR 02 2025

BY 203

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 1787551		2. Exact name of the Corporation Jamestown Ukraine Relief Project			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island We raise funds to donate to humanitarian relief in Ukraine.			
4. NAICS Code 624230					
6. Principal Office Address 28 Maple Street			City Jamestown	State RI	Zip 02835
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Andrews			Vice-President Name		
Street Address 28 Maple Avenue			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Eleanor Howard			Treasurer Name Laurel Champlin		
Street Address 28 Maple Avenue			Street Address 121 Hamilton Ave		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mary Jan Krause Greene			Director Name Karen Buetens		
Street Address 11 Severance Lane			Street Address 164 Columbia Lane		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Betsy Parsons			Director Name Wayne Cresser		
Street Address 66 Grinell Street			Street Address 64 Grinell St		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Mary Jan Krause Greene					Date 3/13/2025
Signature of Officer/Authorized Representative <i>Mary Jan Krause Greene</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov