



**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.** 000650864

**2. Name of Corporation** The Ethan Henry Lecours 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

813219

**4. Principal Office Address**

No. and Street: PO BOX 193

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

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

CHARITABLE PURPOSES. MAKE MONETARY DONATIONS AND/OR MATERIAL DONATIONS TO ORGANIZATIONS AND/OR INDIVIDUALS IN SUPPORT OF PEOPLE WITH DEVELOPMENTAL AND/OR INTELLECTUAL DISABILITIES OR TO UNDERPRIVILEGED CHILDREN.

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | JULIE HOWARD LECOURS                           | 83 WILBUR ROAD<br>LINCOLN, RI 02865 USA                    |
| TREASURER | RICHARD MARCHANT                               | 80 TOWER HILL ROAD<br>CUMBERLAND , RI 02864 USA            |
| DIRECTOR  | MIRIAM PERRY                                   | 165 CANONCHET TRAIL<br>CRANSTON , RI 02905 USA             |
| DIRECTOR  | MICHAELA ALDRIDGE                              | 121 GREENSLIT AVE<br>PAWTUCKET , RI 02861 USA              |
| DIRECTOR  | ALEXIA GROSSO                                  | 755 MARGARET HENRY ROAD<br>STERLING , CT 06377 USA         |
| DIRECTOR  | JOHN BAXTER                                    | 96 BREWSTER STREET<br>PAWTUCKET, RI 02860 USA              |
| DIRECTOR  | GUIOMAR PIMENTEL                               | 29 REGINA DRIVE<br>SCITUATE , RI 02066 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**

JULIE HOWARD-LECOURS 7 ROSEWOOD DRIVE NORTH PROVIDENCE , RI 02904

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

**Signed this 9 Day of April, 2025 at 9:27:09 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 JULIE HOWARD LECOURS  
Signature of Authorized Person

Form No. 631  
Revised 09/07