



**State of Rhode Island
Department of State - Business Services Division**

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.

FILED
STAMP
APR 16 2025
BY STW

1. Entry ID Number 110527		2. Exact name of the Corporation The Wyner Stokes Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable Foundation			
4. NAICS Code 813219					
6. Principal Office Address 67 Central Pike			City North Scituate	State RI	Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel M. Wyner			Vice-President Name		
Street Address 67 Central Pike			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Daniel M. Wyner			Director Name Madelyn E. Wyner		
Street Address 67 Central Pike			Street Address 67 Central Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Director Name Lorna D. J. Stokes			Director Name		
Street Address 67 Central Pike			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Daniel M. Wyner				Date April 11, 2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
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