



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

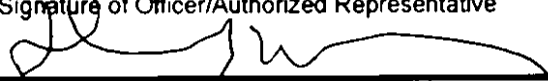
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
APR 16 2025
BY STW R
STAMP

1. Entity 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.					
<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 Daniel M. Wyner				Date April 11, 2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov