



State of Rhode Island
Department of State - Business Services Division

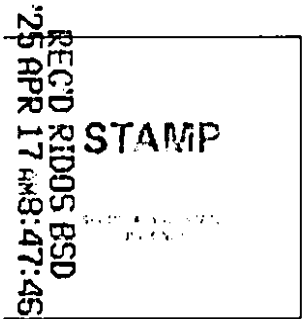
Annual Report for the year: 2025

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.



1. Entity ID Number 001741363			2. Exact name of the Corporation Lucille Lachapelle Charitable Foundation		
3. State of Incorporation Rhode Island			5. Brief description of the character of business conducted in Rhode Island Raise funds primarily for Alzheimer's research and qualified individuals who are suffering from a serious illness and struggling to pay medical bills.		
4. NAICS Code 813212					
6. Principal Office Address 50 Stanley Mowry Road			City Scituate	State RI	Zip 02825
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	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 Donald Lachapelle			Director Name Phyllis Daudelin		
Street Address 50 Stanley Mowry Road			Street Address 8 Stony Creek Drive		
City Scituate	State RI	Zip 02825	City West Warwick	State RI	Zip 02893
Director Name Thomas Stone			Director Name		
Street Address 16 Brady St.			Street Address		
City Warren	State RI	Zip 02885	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 Donald Lachapelle					Date 4/14/25
Signature of Officer/Authorized Representative 					APR 17 2025 BY

MAIL TO:
Division of Business Services
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