



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAY 06 2025

BY ZOSQ2REC'D RIDOS BSD
25 MAY 6 AM 9:54:12

1 Entity ID Number <u>000063321</u>		2. Exact name of the Corporation <u>Woonsocket Rotary Charities Foundation</u>	
3 State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Awarding educational Scholarships to high school graduates</u>	
4 NAICS Code <u>813219</u>			
6. Principal Office Address <u>PO Box 1212</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Adam Jarrett</u>		Vice-President Name <u>Paul Bourger</u>	
Street Address <u>PO Box 954</u>		Street Address <u>365 Elm St.</u>	
City <u>Shaterville</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02876</u>		Zip <u>02895</u>	
Secretary Name <u>Maryela Julette</u>		Treasurer Name <u>Lisa CarciFero</u>	
Street Address <u>99 Mattiny Rd</u>		Street Address <u>111 Prospect Drive</u>	
City <u>N. Smith Field</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02896</u>		Zip <u>02895</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Adam Jarrett</u>		Director Name <u>Paul Bourger</u>	
Street Address <u>PO Box 954</u>		Street Address <u>365 Elm St.</u>	
City <u>Shaterville</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02876</u>		Zip <u>02895</u>	
Director Name <u>Lisa CarciFero</u>		Director Name <u>Roger Beauchamp</u>	
Street Address <u>111 Prospect Dr.</u>		Street Address <u>341 Prospect St</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02895</u>	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Adam Jarrett</u>			Date <u>5/6/25</u>
Signature of Officer/Authorized Representative <u>Adam Jarrett</u>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov