State of Rhode Island
Department of State - Business Services Division

FILED
MAY 06 2025
BY ZQSQ2

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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	2. Exact name of the Corporation
0000 63321	Woonsocket Rotary Charities Foundation
3 State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Awarding educational scholarships to high school graduates
4 NAICS Code: 813219	

6. Principal Office Address	City	State	Zip
PO Box 1212	Woonsocket	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Adam Jarret	Paul Bourget
Street Address: PO Box 954	Street Address: 365 Elm St.
City: Slatersville; State: RI; Zip: 02876	City: Woonsocket; State: RI; Zip: 02895
Secretary Name: Pamela Juliette	**Treasurer Name:** Lisa Carcifero
Street Address: 99 Mattity Rd	Street Address: 111 Pinecrest Drive Lisa Carcifero
City: N. Smithfield; State: RI; Zip: 02896	City: Woonsocket; State: RI; Zip: 02895

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Adam Jarret	Paul Bourget
Street Address: PO Box 954	Street Address: 365 Elm St.
City: Slatersville; State: RI; Zip: 02876	City: Woonsocket; State: RI; Zip: 02895
Director Name: Lisa Carcifero	**Director Name:** Roger Bouchard
Street Address: 111 Pinecrest Dr.	Street Address: 341 Prospect St
City: Woonsocket; State: RI; Zip: 02895	City: Woonsocket; State: RI; Zip: 02895

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	Date
Adam Jarret	5/6/25

Signature of Officer/Authorized Representative: Adam Jarret

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 12/2023