



State of Rhode Island
Department of State - Business Services Division

STAMP

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000123737		2. Exact name of the Corporation Rock-N-Jock Charities		2025 MAY 13 A 8:33	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-profit which raises money to assist children and their families with life-threatening illnesses and live in RI			
4. NAICS Code 813219					
6. Principal Office Address 47 John Mowry Road		City Smithfield	State RI	Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Stephen E. Smith			Vice-President Name Bill Geary		
Street Address 47 John Mowry Road			Street Address 66 Pond View Drive		
City Smithfield	State RI	Zip 02917	City Warwick	State RI	Zip 02886
Secretary Name Suzanne Viner			Treasurer Name Dana Sherman		
Street Address 1 Pond View Drive			Street Address 75 Independence Way 50-314		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Stephen E. Smith			Director Name Steve Viner		
Street Address 47 John Mowry Road			Street Address 1 Pond View Drive		
City Smithfield	State RI	Zip 02917	City Warwick	State RI	Zip 02886
Director Name Jack Di Iorio			Director Name		
Street Address 5 Woodward Road			Street Address		
City Johnston	State RI	Zip 02919	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.					
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 Dana Sherman, Treasurer				Date 5/9/2025	
Signature of Officer/Authorized Representative <i>Dana Sherman</i>				FILED	

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

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