RI SOS Filing Number: 202574270870 Date: 5/30/2025 4:00:00 PM



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

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

> Penalty: Additional \$25.00 fee if	form is not filed by	May 31.			
1. Entity ID Number 60607	2. Exact name of the Corporation 2025 MAY 30 P 3: 11 The West Warwick Jaycees Education & Library Foundation				
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island TO SUPPORT AND PROMOTE EDUCATION AND LIBRARY PROJECTS				
4. NAICS Code 813211	1				
6. Principal Office Address 1551 CENTREVILLE ROAD			City WARWICK	State RI	Zip 02886
7. List ALL officers (names and ad	dresses)	Check the box to indicate an attachment			
President Name ROBERT R. FORCIER			Vice-President Name JOHN J. LANCELLOTTA		
Street Address 11 SPARROW CIRCLE			Street Address 32 RIVER AVENUE		
City WEST WARWICK	State RI	^{Zip} 02893	City WEST WARWICK	State RI	Z _{IP} U2893
Secretary Name JOSEPH DIMARTINO			Treasurer Name PAUL RICHARDS		
Street Address 821 WAKEFIELD STREET			Street Address 39 GARDNER STREET		
City WEST WARWICK	State RI	^{Zip} 02893	City WEST WARWICK	State RI	02893
B. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment.					
Director Name LEONARD J. DENOMME			Director Name FILOMENA GUSTAFSON		
Street Address 88 LOWELL STREET			Street Address 183 LOCKWOOD STREET		
City WEST WARWICK	State RI	^{Zip} 02893	City WEST WARWICK	State RI	^{Zip} U2ช93
Director Name DAVID J. LEGAULT			Director Name		
Street Address 132 PAWTUXET TERRACE			Street Address		
City WEST WARWICK	State RI	^{Zip} 02893	City	State	Zıp
9. The Registered Agent information	on of record with th	ne RI Department	of State is accurate. Changes require	e filing Form 641.	
Under penalty of perjury, I decla statements, and that all stateme			d this report, including any accom	panying schedul	es and
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant Sc	cretary, Treasurer, duly Authorized Representa	tive, Receiver or Truste	1 0
Name of Officer/Authorized Representative				Date	
JOHN J. LANCELLOTTA, VICE PRESIDENT				5/19/.	<u>2</u>
Signature of Officer/Authorized Representative W 8 - Rwallatt					

MAIL TO:

Division of Business Services

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

Phone. (401) 222-3040 Website: www.sos.ri.gov FILED

MAY 3 0 2025 0