RI SOS Filing Number: 202218271900 Date: 6/1/2022 4:00:00 PM

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## epartment of State - Business Services Division

Annual Report for the year: 2022 **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.

4. Fath ID Morehan	3 Event name of	Etha Cassastian	<del></del>		-	
1. Entity ID Number 32882	2. Exact name of the Corporation					
	East Greenwich Rotary Scholarship Fund					
State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Award college scholarships					
4. NAICS Code						
813211 - Grantmaking Found						
6. Principal Office Address			City	State	Zip	
982 Frenchtown Road			East Greenwich	RI	02818	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name David Iannuccilli			Vice-President Name Robert Sloan			
Street Address 982 Frenchtown Road			Street Address 1 Naushon Ave. Unit 3			
City East Greenwich	State RI	<sup>Zip</sup> 02818	City Warwick	State RI	<sup>Zip</sup> 02888	
Secretary Name Kenneth Colali	Ame Kenneth Colaluca Treasurer Name John Wolc			tt		
Street Address 30 Lynn Circle		Street Address 55 Bretton Woods Drive				
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City Cranston	State RI	<sup>Zip</sup> 02920	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Robert Miller			Director Name Andrew Erickson			
Street Address 84 Oakwood Drive			Street Address 112 Rockhurst Trail			
<sup>City</sup> East Greenwich	State RI	<sup>Zrp</sup> 02818	City Ponte Vedra	State FL	<sup>Zıp</sup> 32081	
Director Name William TenEyck			Director Name Robert Siminski			
Street Address 53 Benjamin Street			Street Address 20 Ivy Garden Way			
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> 02818	
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 wither the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative			Date			
John M. Wolcott				5/25/22		
Signature of Officer/Authorized Representative Tols M. Wohott						

MAIL TO:

**Division of Business Services** 

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

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