



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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.

FILED

MAY 01 2023
BY *[Signature]*

1. Entity ID Number 32882	2. Exact name of the Corporation East Greenwich Rotary Scholarship Fund
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Award college scholarships
4. NAICS Code 813211	

6. Principal Office Address 982 Frenchtown Road	City East Greenwich	State RI	Zip 02818
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Iannuccilli			Vice-President Name Robert Sloan		
Street Address 982 Frenchtown Road			Street Address 1 Nashaun Ave. Unit 3		
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02888
Secretary Name Kenneth Colaluca			Treasurer Name John Wolcott		
Street Address 30 Lynn Circle			Street Address 55 Bretton Woods Drive		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02920

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Miller			Director Name William TenEyck		
Street Address 84 Oakwood Drive			Street Address 53 Benjamin Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Robert Siminski			Director Name Andrew Erickson		
Street Address 20 Ivy Garden Way			Street Address 112 Rockhurst Trail		
City East Greenwich	State RI	Zip 02818	City Ponte Vedra	State FL	Zip 32081

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 John M. Wolcott	Date 4/27/2023
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Signature of Officer/Authorized Representative
John M. Wolcott

MAIL TO:
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Website: www.sos.ri.gov