RI SOS Filing Number: 202335069620 Date: 5/1/2023 4:00:00 PM

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## State of Rhode Island

## **Department of State - Business Services Division**

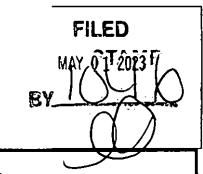
## Annual Report for the year: 2023

## **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.



Entity ID Number	I 2 Evant nam	a of the Compretion		<del>-</del>	<u> </u>	
32882		2. Exact name of the Corporation  East Greenwich Rotary Scholarship Fund				
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			City	State	Zip	
982 Frenchtown Road			East Greenwich	RI	02818	
7. List ALL officers (names and	addresses)		Chec	k the box to indicate a	n attachment	
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	<sup>Zip</sup> 02818	<sup>Cily</sup> Warwick	State RI	Z <sub>p</sub> 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	<sup>Zip</sup> 02818	City Cranston	State RI	Zip 02920	
8. List ALL directors (names and	d addresses). RI C	Corporations MUST		ck the box to indicate	an attachment	
Director Name Robert Miller			Director Name William TenEyck			
Street Address 84 Oakwood Drive			Street Address 53 Benjamin Street			
City East Greenwich	State RI	<sup>Zip</sup> 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			
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City Ponte Vedra	State FL	Zip 32081	
9. The Registered Agent inform	ation of record wit	h the RI Department	of State is accurate. Changes re	quire filing Form 64		
Under penalty of perjury, I de statements, and that all state			ed this report, including any acc d correct.	companying sched	lules and	
This report must be signed by either the	President, Vice-Preside	ent, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repre	sentative, Receiver or Tr	ustee.	
Name of Officer/Authorized Representative				Date		
John M. Wolcott				4/27/2023		
Signature of Officer/Authorized I	Representative M. Wo	Pott		•		

MAIL TO:

**Division of Business Services** 

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

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