	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines	s Services	
	148 W. River S		
1636	Providence RI 029		
	(401) 222-30	40	
Non-Profit Corporation Annual Report			
Filing Period: February 1 - M	ay 1		
	7-6-94, each corporation failing prescribed by law (R.I.G.L. 7-6		\$
ANNUAL REPORT YEAR - E	NTER THE CURRENT YEAR <b>2</b>	<b>024</b> : <u>2024</u>	
1. Corporate ID No. 000	<u>519588</u>		
2. Name of Corporation $\underline{Th}$	e Rocky Point Foundation, In	<u>IC.</u>	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
primary type of activity in will populate a NAICS Code bas	NAICS Code below, select the nich your entity engages. The ed on the chosen selection. If assistance with selecting a cla	box to the right of the the NAICS Code is k	e dropdown will nown, enter it into the
NAICS Code			
<u>813312</u>			
4. Principal Office Address			
No. and Street: 294 B	ELLMAN AVE.		
City or Town: WARY		<u>RI</u> Zip: <u>02889</u>	Country: <u>USA</u>
5. Brief Description of the (	Character of the Affairs Condu	icted in Rhode Islan	d
EXCLUSIVELY FOR CHA	ARITABLE AND EDUCATI	ONAL PURPOSES	
6. Names and Addresses o	f the Officers and Directors:		
All Directors and Officers I Island Corporation shall no	nust be listed individually. Th t be less than 3.	e number of DIREC	TORS of a Rhode
Title	Individual Name		dress
<u> </u>	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country
1			

PRESIDENT	JOHN HOWELL	294 BELLMAN AVE. WARWICK, RI 02889 USA
PRESIDENT	JOHN HOWELL	294 BELLMAN AVE WARWICK , RI 02889 USA
PRESIDENT	JOHN HOWELL	294 BELLMAN AVE. WARWICK, RI 02889 USA
TREASURER	GEORGE SHUSTER	15 RIVERVUE WARWICK, RI 02889 USA
DIRECTOR	KATE STARK	19 CHANNEL VIEW WARWICK, RI 02889 USA
DIRECTOR	JOSEPH SOLOMON JR.	54 HESS AVE. WARWICK, RI 02889 USA
DIRECTOR	GEORGE SHUSTER	15 RIVERVUE WARWICK, RI 02889 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN HOWELL 1944 WARWICK AVENUE WARWICK , RI 02889

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

## Signed this 2 Day of February, 2024 at 12:08:34 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By JOHN HOWELL

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved