

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2024
Secretary of State
7571191044CC

Entity Name: THE JOAN SCHECHTMAN FOUNDATION FOR THE ARTS AND SCIENCES, INC.

Current Principal Place of Business:

THE JOAN SCHECHTMAN FOUNDATION FOR THE ARTS AND SCIENCES INC
44 AMOGERONE CROSSWAY PO BOX 7587
GREENWICH, CT 06836-7587

Current Mailing Address:

THE JOAN SCHECHTMAN FOUNDATION FOR THE ARTS AND SCIENCES
INC
44 AMOGERONE CROSSWAY PO BOX 7587
GREENWICH, CT 06836-7587 US

FEI Number: 85-2857189

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AVELLINO, ROSALIA ELLEN ESQ.
2150 IBIS ISLE ROAD
PH 1
PALM BEACH, FL 33480 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROSALIA ELLEN AVELLINO

01/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRP
Name SCHECHTMAN, JOAN
Address THE JOAN SCHECHTMAN
FOUNDATION FOR THE ARTS AND
SCIENCES INC
44 AMOGERONE CROSSWAY PO BOX
7587
City-State-Zip: GREENWICH CT 06836-7587

Title VICE CHAIRMAN, FOUNDATION MGR,
TREASURER
Name AVELLINO, ROSALIA ELLEN
Address THE JOAN SCHECHTMAN
FOUNDATION FOR THE ARTS AND
SCIENCES INC
44 AMOGERONE CROSSWAY PO BOX
7587
City-State-Zip: GREENWICH CT 06836-7587

Title VICE CHAIRMAN, DIR, SEC, ASST
FOUNDATION MGR
Name AVELLINO, JOHN T
Address THE JOAN SCHECHTMAN
FOUNDATION FOR THE ARTS AND
SCIENCES INC
44 AMOGERONE CROSSWAY PO BOX
7587
City-State-Zip: GREENWICH CT 06836-7587

Title DIRECTOR, ASST. SECRETARY
Name AVELLINO, GABRIELLA JULIET DR.
Address THE JOAN SCHECHTMAN
FOUNDATION FOR THE ARTS AND
SCIENCES INC
44 AMOGERONE CROSSWAY PO BOX
7587
City-State-Zip: GREENWICH CT 06836-7587

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSALIA ELLEN AVELLINO

FOUNDATION MANAGER 01/10/2024

