



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 27151		2. Name of Corporation THE THOMAS BECKETT FOUNDATION			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address c/o D HARROP, 204 TABER AVE		City PROVIDENCE	Zip 02906
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO SUPPORT THE CATHOLIC CHAPLAINCY AT BROWN U.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAY CANDELMO			Vice President Name MARY ANN TRACY		
Street Address 4 GLEN CERY RD			Street Address 385 IVES ST.		
City SHREWSBURY	State MA	Zip 01545	City PROVIDENCE	State RI	Zip 02906
Secretary Name FAITH LASALLE			Treasurer Name DANIEL S HARROP		
Street Address 3217 W. SHORE RD			Street Address 204 TABER AVE		
City WARWICK	State RI	Zip 02888	City PROVIDENCE	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name ANNE OIFFILY			Director Name HENRY BOOTH		
Street Address 18 CROCKETT ST.			Street Address 92 HOPE ST.		
City WARWICK	State RI	Zip 02889	City PROVIDENCE	State RI	Zip 02906
Director Name ANGELA MC PARLAND			Director Name		
Street Address PO Box 1859- BROWN U.			Street Address		
City PROVIDENCE	State RI	Zip 02912	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City		
			Zip		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	
File Date	JUN 03 2008
Check No.	By 1726
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer: Daniel S Harrop 6/1/08
Date: 6/1/08
Print or Type Name of Officer: DANIEL S HARROP
Title of Officer: TREASURER