

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

#01.2223

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

#01.2223

**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

**In accordance of \$75.00

to a penalty fee of \$25.00.		
1. Corporate to No. 2. Name of Corporation FREDERICK AND	VER MEMORIAL FUND, INC	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address CITIZEUS BANK-	CITIZENS PLAZA PROV B2903	
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		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CHARITABLE TRUST & Providing grant to other man profits		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)		
President Name Consolhan Knowle	Vice President Name Welliam & Sunnis	
Sireci Address (17 Carpenter St	Street Address 9 9 Sherman Aul	
Reholoth State MA 02769	Suponk State MA 202771	
Secretary Same Paul Moorls +	F. Paul Hooney L	
Street Address Orolone Parkway	39 Osolvo Parkury	
Rumford R8 02911	Rundond State 29 202911	
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) C	ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23	
Director Name Bradles & Stelle	John Barhan	
Street Address P.O Boy 315	street Glidres. P.O. BOX 46	
Cheparhet State R8 2107814	N. Scituate Scale RQ 02857	
Director Stame Order	Director Name Russ III A Boos	
Street Address 2 Angell Court	Street Address Parker Rol	
Warrech State RS 02885	Vanagasett Same R 2 02882	
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 Cetarens Bank	Address	
and citating Plass	Prov. 2403	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee		

	
EII ED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
T ILED	statements contained herein are true and correct.
File Date 111N 0 4 2008	Maul Troomy 619/25
7 2000	Signature of Officer Date
Check No. By	FPAIL MOONEY 3K
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	SEC TREASUREIZ
FOR SECRETARY OF STATE USE GALL	Title of Officer Form 631 Rev. 12/06