



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. 110527		2. Name of Corporation The Wyner/Stokes Foundation			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 67 CENTRAL PIKE		City North Scituate	Zip 02857
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					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANIEL M. WYNER			Vice President Name		
Street Address 67 CENTRAL PIKE			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 DANIEL M. WYNER			Director Name Genevieve Wyner		
Street Address 67 CENTRAL PIKE			Street Address 20 ROWES WHARF		
City North Scituate	State RI	Zip 02857	City Boston	State MA	Zip 02110
Director Name LORNA D. J. STOKES			Director Name		
Street Address 67 CENTRAL PIKE			Street Address		
City North Scituate	State RI	Zip 02857	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 DANIEL M. WYNER			Address		
Address 67 CENTRAL PIKE			City North Scituate	Zip 02857	

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

File Date: 6-9-08  
Check No.: 1138  
By: mnc  
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: [Signature] Date: 6/6/08  
Print or Type Name of Officer: Daniel Wyner  
Title of Officer: President