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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 2009

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.

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1. Corporate ID No.	2. Name of Corporation				
144267	Lyn & Margaret Comfort Charitable Foundation				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address City			"	Zip
RI	62 Washing	gton Street		Newport, RI	02840
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character	r of the affairs whici	b are actually conducted in Rh	ode island		4
Private foundation					13
	ES OF THE OFF	FICERS: ("X" BOX FOR AT	TACHMENT)	ICES BEFORE USING ATTA	
President Name			Vice President Name		20
Margaret D. Comfort			ω .		
Street Address 62 Washington Street			Street Address		
City	State	Zip	City	State	Zip 🕦
Newport	RI	02840		5	<i>کیو</i> کی
Secretary Name	110	102040	Treasurer Name		4 3: NA
Lyn Comfort			Lyn Comfort		
Street Address			Street Address		
62 Washington Street			62 Washington Street		
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
8. NAMES AND ADDRESSI	ES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SP.	ACES BEFORE USING ATTA	ACHMENTS
THE NUMBER OF DIRECT	TORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
Margaret D. Comfort			Emily J. Comfort		
Street Address			Street Address		
62 Washington Street			62 Washington Street		
Сйу	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
Director Name			Director Name		
Lyn Comfort					
Street Address			Street Address		
62 Washington Street					
Сиу	State	Zip	City	State	Zip
Newport	RI	02840	I		1
9. REGISTERED AGENT IN	N RHODE ISLA	ND			
This information is currently	of record in the	e Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

177201	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
File Date MAR 3 1 2009	statements contained herein are true and correct. Milian Et L. Cont. March 27, 2009 Signature of Officer Date		
Check No. By 085384 3'44	Margaret D. Comfort Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY	President Title of Officer		
	Form 631 Rev. 09/17		