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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 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.*

1. Corporate ID No.	2. Name of Corporation		
000159960	JEFFREY A. CHARLAND MEMORIAL FUND		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	56 CANNING ST.	CUMBERLAND	02864
5. **Foreign corporation.** Enter principal office address	City	State	Zip
56 CANNING ST.	CUMBERLAND	RI	02864

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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ROBERTA K. CHARLAND			DANIEL FREEMAN CHARLAND		
Street Address			Street Address		
56 CANNING STREET			24 MECHANIC STREET		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	WAKEFIELD	RI	02879
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)* ☐ **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			Director Name		
STEPHEN GORDON			ROBERTA K. CHARLAND		
Street Address			Street Address		
7 MENARD STREET			56 CANNING STREET		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
Director Name			Director Name		
DANIEL FREEMAN CHARLAND					
Street Address			Street Address		
24 MECHANIC STREET					
City	State	Zip	City	State	Zip
WAKEFIELD	RI	02879			

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

[redacted] [redacted]

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.

Roberta K. Charland
Signature of Officer *Date*

ROBERTA K. CHARLAND
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date	FILED
Check No.	MAY 19 2009
By:	By 089744

FOR SECRETARY OF STATE USE ONLY

[redacted]

34147-2-354507

Form 631 Rev. 09/17