

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

2009

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3040

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.

penatty fee of w2.5.00.						
1. Corporate ID No.	2. Name of Corporation					
82257	FRADIN FAMILY FOUNDATION					
3. State of Incorporation					Zip	
RHODE ISLAND	50 KENNEDY P	LAZA, SUITE 1500		PROVIDENCE	02903	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the characte	r of the affairs which are a	crually conducted in Rhode Isl	and			
TO ENHANCE AND SUPF	ORT CHARITABLE	ACTIVITIES AND CHA	ARITABLE ORGANIZATI	ONS		
	S OF THE OFFICER	S: ("X" BOX FOR ATTACH	t	ES BEFORE USING ATTAC	HMENTS	
President Name			Vice President Name			
PAUL M. FRADIN	·					
Street Address			Street Address			
111 FOSDYKE STREET	State	776	2.20		<del></del>	
PROVIDENCE	RI	Zip	City	State	Zip	
Secretary Name	I I II	02906	The street of the street			
CHARLES S. FRADIN	·			FRANK G. HALPER		
Street Address			Street Address			
59 MANNING STREET			27 DRYDEN LANE			
City 	State	Zip ,	City	State	Zip	
PROVIDENCE	RI	02906	PROVIDENCE	RI	02904	
8. NAMES AND ADDRESSE						
THE NUMBER OF DIRECT	ORS OF A DOMEST	IC (RHODE ISLAND) (		OT BE LESS THAN THRE	£ (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
CHARLES S. FRADIN			PAUL M. FRADIN			
Street Address			Street Address			
59 MANNING STREET		<del>,</del>	111 FOSDYKE STREET			
City	State	Zip	CHr	State	Zip	
PROVIDENCE	RI	02906	PROVIDENCE	RI	02906	
FRANK G. HALPER			Director Name			
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address			
27 DRYDEN LANE			1			
$Cit_{\Gamma}$	State	Ζip	City	State	Zip	
PROVIDENCE	RI	02904			,	
9. REGISTERED AGENT IN	RHODE ISLAND	•		1	'	
This information is currently	of record in the Offic	e of the Secretary of State	e. Changes require filing of	Form 641 - R.I.G.L. 7-6-13 <i>f</i>	7-6-78	
This report mus	t be signed by either	the President, Vice Pres	ident, Secretary, Assistant	t Secretary, Treasurer, Recei	ver or Trustee	
				,		

<b>82257</b>	Under penalty of perjury, I declare and affirm	that I have examined this
File Date 6-17-09	report, including any accompanying schedules a statements contained herein are true and correct Signature of Officer	nd statements, and that all
Check No	PAUL M. FRADIN  Print or Type Name of Officer  PRESIDENT	Date
o. o. ne ose one	Title of Officer	