

A. Ralph Mollis, Secretary of State Corporations Division

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $\frac{200}{100}$

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

1. Corporate ID No. 2. Name of Corporation 93190 The Collis Foundation 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address 1040 TURKS HEAD BUILDING **PROVIDENCE** RHODE ISLAND 02903 5. Foreign corporation. Enter principal office address City State ZiD6. Brief Description of the character of the affairs which are actually conducted in Rhode Island **EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC PURPOSES** 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name ASTRID C. WOMBLE NONE Street Address Street Address 8 SOUND SHORE DRIVE, SUITE 200 City City State Z.ib State 2.ip **GREENWICH** CT 06830 Secretary Name Treasurer Name ELFRIEDE A. COLLIS ASTRID C. WOMBLE Street Address Street Address 233 RUMSTICK ROAD 8 SOUND SHORE DRIVE, SUITE 200 City State Zib State ZiDBARRINGTON RI 02806 **GREENWICH** CT 06830 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL 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 **ELFRIEDE A. COLLIS** ASTRID C. WOMBLE Street Address Street Address 8 SOUND SHORE DRIVE, SUITE 200 233 RUMSTICK ROAD Zip State State **GREENWICH** CT 06830 **BARRINGTON** RI Director Name Director Name CHARLES A. COLLIS FROHMAN C. ANDERSON Street Address Street Address 170 ADAMS POINT ROAD 233 RUMSTICK ROAD City State Zip City State BARRINGTON RI 02806 BARRINGTON RI 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

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93190	JUN 2 ? 2009	Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and s	
File Date	29. 93253	statements contained herein are true and correct. Signature of Officer	Date
Check No.		ASTRID C. WOMBLE	Danc
By:		Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY		PRESIDENT Title of Officer	