



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 02904-26  
401.222.30

**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 <u>157833</u>		2. Name of Corporation <b>RAYMOND &amp; BEVERLY SACKLER FOUNDATION, INC.</b>			
3. State of Incorporation <b>NY</b>		4. Corporate address in Rhode Island - Street Address		City	Zip
5. Foreign corporation. Enter principal office address <b>17 EAST 62 STREET</b>		<b>NEW YORK</b>		<b>NY</b>	<b>10021</b>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  <b>SEE ATTACHED STATEMENT A</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JONATHAN D SACKLER</b>			Vice President Name <b>RICHARD S SACKLER, MD</b>		
Street Address <b>17 EAST 62 STREET</b>			Street Address <b>17 EAST 62 STREET</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10021</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10021</b>
Secretary Name <b>RAYMOND R SACKLER, MD</b>			Treasurer Name <b>BEVERLY SACKLER</b>		
Street Address <b>17 EAST 62 STREET</b>			Street Address <b>17 EAST 62 STREET</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10021</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10021</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
<b>(THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23)</b>					
Director Name <b>RAYMOND R SACKLER, MD</b>			Director Name <b>BEVERLY SACKLER</b>		
Street Address <b>17 EAST 62 STREET</b>			Street Address <b>17 EAST 62 STREET</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10021</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10021</b>
Director Name <b>RICHARD S SACKLER, MD</b>			Director Name <b>JONATHAN D SACKLER</b>		
Street Address <b>17 EAST 62 STREET</b>			Street Address <b>17 EAST 62 STREET</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10021</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10021</b>
9. REGISTERED AGENT IN RHODE ISLAND <b>CORPORATION SERVICE COMPANY, 222 JEFFERSON BLVD STE 20, WARWICK 02888</b> 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

<b>FILED</b>
File Date <u>JUL 27 2009</u>
Check No. <u>11291</u>
By <u>[Signature]</u>
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] 7/23/09  
Signature of Officer Date  
**JONATHAN D SACKLER**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer