

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 2010.

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				
52951		Mathewson Foundation 4. Corporate address in Rhode Island - Street Address Gity Zip				
3. State of Incorporation			Address	City	Zip	
RI	224 Bowen			Providence	02906	
5. Foreign corporation. Enter principal office address			City	State	Zip	
Religious and educat	tional programming f	b are actually conducted in Rior individuals and famili		CES BEFORE USING ATTA	ACHMENTS	
President Name			Vice President Name			
Robert Sylvain			Joseph Billmeier			
Street Address			Street Address			
481 Hammond St.			481 Hammond St.			
City	State	Zip	City	State	Ζip	
Newton	MA	02467	Chestnut Hill	MA	02467	
Socretary Name			Treasurer Name			
Joseph Cavanagh			Kevin Stevens			
Street Address 30 Exchange Terrace			Street Address 25 Follen St.			
City	State	$Z\psi$	City	State	Zip	
Providence	RI	02093	Cambridge	MA	02138	
8. NAMES AND ADD	RESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	CES BEFORE USING ATT	ACHMENTS	
	IRECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
William Newman			Timothy Hogan			
Street Address			Street Address			
30 Exchange Terrace			139 East 34th St.			
City	State	Zip	Сиу	State	Zip	
Providence	RI	02093	New York	NY	10016	
Director Name Robert Sylvain			Director Name Joseph Cavanagh			
Street Address 481 Hammond St.			Street Address 30 Exchange Terrace			
City:	State	Zup	City	State	Zip	
Newton	MA	02467	Proveidence	RI	02903	
9. REGISTERED AGE	NT IN RHODE ISLA	•		•	•	
This information is cu	rrently of record in th	e Office of the Secretary	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-	13/7-6-78	
This repo	ort must be signed by	either the President, Vic	e President, Secretary, Assista	nt Secretary, Treasurer, Re	ceiver or Trustee	

52951	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	statements contained the fein are true and correct. Signature of Office Date Robert Sylvain
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President Title of Officer Form 631 Rev. 09/17