

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Stree

Providence, RI 02904-2615 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.                               |                                       |   | <i>y</i>                               | 7                          |                                       |  |  |
|---|---------------------------------------|---|--|----------------------------|---------------------------------------|--|--|
| 1. Corporate ID No.<br><b>35538</b>                   | 1                                     | 2. Name of Corporation BARUCH KORFF FOUNDATION        |  |                            |                                       |  |  |
| 3. State of Incorporation                             |                                       | 4. Corporate address in Rhode Island - Street Address |  |                            | Zip                                   |  |  |
| RHODE ISLAND  | C/O CITIZE                            | C/O CITIZENS BANK, 870 WESTMINSTER STREET             |  |                            | 02903                                 |  |  |
| 5 Foreign corporation. Enter principal office address |                                       |   | City                                   | PROVIDENCE  State          | Zip                                   |  |  |
| 6. Brief Description of the char                      | acter of the affairs whic             | b are actually conducted in R                         | bode Island                            | <u> </u>                   |                                       |  |  |
| EDUCATIONAL FOUN                                      | IDATION                               | •   |  |                            |                                       |  |  |
| 7. NAMES AND ADDRE                                    | SSES OF THE OFI                       | FICERS: ("X" BOX FOR A                                | TTACHMENT) TILL IN SPACES              | BEFORE USING ATTAC         | HMENTS                                |  |  |
| President Name ZAMIRA KORFF                           |                                       |   | Vice President Name                    |                            |                                       |  |  |
| Street Address 26 BRINGTON ROAD                       |                                       |   | Street Address                         |                            |                                       |  |  |
| City<br>BROOKLINE                                     | State<br>MA                           | χφ<br>02445   | City                                   | State                      | Zip                                   |  |  |
| Secretary Name  |                                       |   |  | Treasurer Name             |                                       |  |  |
| Street Address  | · · · · · · · · · · · · · · · · · · · |   | Street Address                         |                            |                                       |  |  |
| City  | State                                 | Zip   | City                                   | State                      | Ζψ                                    |  |  |
| 8. NAMES AND ADDRE                                    | I<br>ESSES OF THE DIR                 | <br>RECTORS: ("X" BOX FOR                             | ATTACHMENT)  FILL IN SPACES            | <br>  BEFORE USING ATTAC   | <br>CHMENTS                           |  |  |
| THE NUMBER OF DIR                                     |                                       |   | ND) CORPORATION SHALL NO               |                            |                                       |  |  |
| Director Name   |                                       |   | Director Name                          |                            |                                       |  |  |
| MR. JOEL KANE   |                                       |   | MR. PAUL GASS                          |                            |                                       |  |  |
| Street Address  |                                       |   | Street Address                         |                            |                                       |  |  |
| 260 NORTH MAIN S                                      |                                       |   | 330 BEACON STREE                       |                            | · · · · · · · · · · · · · · · · · · · |  |  |
| FALL RIVER  | State                                 | Zip   | City                                   | State                      | Zip                                   |  |  |
| Director Name   | MA                                    | 02720   | BOSTON                                 | MA MA                      | 02116                                 |  |  |
| DR. MARK N. BROWN                                     |                                       |   | Director Name SHELLEY STEVER, ESQ.     |                            |                                       |  |  |
| Street Address 120 LLOYD AVENUE                       |                                       |   | Street Address 64 GOTHIC STREET        |                            |                                       |  |  |
| City  | State                                 | Zip   | City                                   | State                      | Zip                                   |  |  |
| PROVIDENCE  | RI                                    | 02903   | NORTH HAMPTON                          | MA                         | 01060                                 |  |  |
| 9. REGISTERED AGENT                                   | I IN RHODE ISLA                       | ND  |  |                            |                                       |  |  |
| This information is curre                             | ntly of record in the                 | e Office of the Secretary                             | of State. Changes require filing of Fo | orm 641 - R.I.G.L. 7-6-13/ | 7-6-78                                |  |  |
| This report   | must be signed by                     | either the President, Vic                             | ce President, Secretary, Assistant S   | Secretary, Treasurer, Rece | iver or Trustee                       |  |  |

|               | 35538                      | Under penalty of perjury, I declare and affirm that I have examine report, including any accompanying schedules and statements, and the second statements and the second statements and the second statements. |         |
|---------------|----------------------------|--|---------|
| File Date     | JUN 09 2011                | statements contained herein the true and correct.  5   23   Signature of Officer   | 11      |
| Check No  By: | 00937196                   | Print or Type Name of Officer  PNS New Heat  |         |
| FOR S         | ECRETARY OF STATE USE ONLY | Title of Officer Form 631 Rev.   | . 09/17 |

## TRUSTEES OF THE BARUCH KORFF FOUNDATION STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS NON PROFIT CORPORATION 2011

SECTION 8-CONTINUED NAME AND ADDRESSES OF THE DIRECTORS

JOSEPH KORFF, ESQ. 70 EAST 96<sup>TH</sup> STREET NEW YORK, NY 10028

MR. MATTHEW OUDENS 26 BRINGTON ROAD BROOKLINE, MA 02445

**FILED** 

JUN 09 2011

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