



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000057807

2. Name of Corporation Shriners Hospitals for Children

3. State of Incorporation

State: CO

4. Corporate Address in Rhode Island

No. and Street: C T CORPORATION SYSTEM
155 SOUTH MAIN ST., SUITE 301
City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 2900 ROCKY POINT DRIVE

City or Town: TAMPA State: FL Zip: 336071435 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CREATE AND MAINTAIN A CHARITABLE AND EDUCATIONAL FUND FOR THE PURCHASE, ERRECTION, OPERATION AND MAINTENANCE OF SHRINERS HOSPITALS FOR CHILDREN.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DOUGLAS E. MAXWELL	15148 ISLEVIEW DRIVE CHESTERFIELD, MO 63017 USA
TREASURER	GENE BRACEWELL	1015 THIMBLEGATE COURT ALPHARETTA, GA 30022 USA
SECRETARY	JOHN A. CINOTTO	16868 OAK MANOR DR. WESTFIELD, IN 46074 USA
VICE PRESIDENT	MICHAEL G. SEVERE	1798 ALPINE DRIVE ERIE, CO 80516 USA
DIRECTOR	JERRY O. GANTT	LAMAR TOWER 1603, 2929 BUFFALO SPEEDWAY HOUSTON, TX 77098 USA
DIRECTOR	DALE W. STAUSS	2030 9TH STREET S.E. EAST GRAND FORKS, MN 56721 USA
DIRECTOR	CHRIS L. SMITH	P. O. BOX 207 OLIVE BRANCH, MS 38654 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 29 Day of June, 2011 at 3:53:23 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DOUGLAS E. MAXWELL
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07