



**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

**Non-Profit Corporation
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. 000546908

2. Name of Corporation The Mary Gomes Memorial Fund

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 140THAMES STREET

City or Town: NEWPORT

State: RI

Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO RECEIVE HOLD AND MANAGE FUNDS AND TO APPLY THE SAME TO THE PAYMENT
OF THE NEEDS OF THE PERSONS IN NEWPORT WHO ARE IN NEED OF FINANCIAL
SUPPORT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICIA S PLUMB	144 FISCHER CIRCLE PORTSMOUTH, RI 02871 US
TREASURER	THOMAS DESMOND	132 BOULEVARD MIDDLETOWN, RI 02842 US
SECRETARY	MATTHEW A PLUMB	55 MIANTONOMI AVE MIDDLETOWN, RI 02842 US
VICE PRESIDENT	RALPH H PLUMB JR	144 FISCHER CIRCLE PORTSMOUTH, RI 02871 US
DIRECTOR	PATRICIA S PLUMB	144 FISCHER CIRCLE PORTSMOUTH, RI 02871 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**

MATTHEW PLUMB 140 THAMES STREET NEWPORT , RI 02840

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

Signed this 11 Day of August, 2011 at 2:52:36 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 § 7-6.*

By PATRICIA PLUMB

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

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