



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 34894-43894		2. Exact name of the Corporation Doreen A. Tomlinson Foundation			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 9 Blue Mist Drive		City Manville	Zip 02839
5. Foreign corporation. Enter principal office address None		City		State	Zip
6. Brief description of the character of business conducted in Rhode Island Afford School Tuition for four Girls at St.Raphael Academy in Pawtucket					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name John W. Tomlinson			Vice-President Name Jo-Ann M. Enander		
Street Address 9 Blue Mist Drive			Street Address 9 Blue Mist Drive		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Jo-Ann M. Enander			Treasurer Name John W. Tomlinson		
Street Address 9 Blue Mist Drive			Street Address 9 Blue Mist Drive		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name David Tomlinson			Director Name Robert J. Tomlinson		
Street Address 14 Lee Avenue			Street Address 9 Stone Bridge Drive		
City No. Providence	State RI	Zip 02804	City Cumberland	State RI	Zip 02864
Director Name Bro.Daniel Aubin			Director Name None		
Street Address 123 Walcott Street			Street Address		
City Pawtucket	State RI	Zip 02850	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

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FILED

MAY 10 2012

BY **170270**
DS

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.

John W. Tomlinson 5/5/12
Signature of Officer Date

John W. Tomlinson

Print or Type Name of Officer

President

Title of Officer