



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 **2012**

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. 75178		2. Exact name of the Corporation CAVANAGH FAMILY FOUNDATION			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 10 Weybosset Street, Suite 303		City Providence	Zip RI 02903
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island To receive contributions to be used for the homeless, destitute, needy, women's and men's shelters, homes for unwed mothers.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Helena E. Cavanagh			Vice-President Name		
Street Address 141A Winsor Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Mark J. Cavanagh			Treasurer Name		
Street Address 10 Weybosset Street, Suite 303			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Helena E. Cavanagh			Director Name Mark J. Cavanagh		
Street Address 141A Winsor Avenue			Street Address 211 George Allen Road		
City Johnston	State RI	Zip 02919	City Glocester	State RI	Zip 02814
Director Name Brian P. Cavanagh			Director Name Denise H. Baxter		
Street Address 62 White Pine Drive			Street Address 60 Maple Rock Road		
City N. Scituate	State RI	Zip 02857	City Foster	State RI	Zip 02825
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: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

MAY 21 2012

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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.

Helena Cavanagh
 Signature of Officer _____ Date _____
Helena E. Cavanagh
 Print or Type Name of Officer _____
President
 Title of Officer _____