



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/business

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. 94895		2. Exact name of the Corporation The Sachem Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To make contributions to charitable organizations			
5. Principal office address 90 Elm Street		City Providence	State RI	Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Esther E.M. Mauran			Vice-President Name		
Street Address 109 Benefit Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Frank Mauran IV			Treasurer Name Paul W. Whyte		
Street Address 151 Power Street			Street Address 1 Amanda Way		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02904
7. 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 Esther E. M. Mauran			Director Name Pauline C. Metcalf		
Street Address 109 Benefit Street			Street Address 375 Mail Road		
City Providence	State RI	Zip 02903	City Exeter	State RI	Zip 02822
Director Name Frank Mauran IV			Director Name Paul W. Whyte		
Street Address 151 Power Street			Street Address 1 Amanda Way		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02904
8. 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

FILED

JUN 07 2012

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.

435

Paul W. Whyte
Signature of Officer

6/6/12
Date

Paul W. Whyte

Print or Type Name of Officer

Treasurer

Title of Officer

File Date	
Check No.	
BY	
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