



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. 70444		2. Exact name of the Corporation McAdams Charitable Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable grants to nonprofit organizations			
5. Principal office address 320 South Main Street		City Providence	State RI	Zip 02903	
6. OFFICES (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Norman E. McCulloch, Jr.		Vice-President Name Dorothy R. McCulloch			
Street Address 99 Adams Point Road		Street Address 99 Adams Point Road			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Paul A. Silver		Treasurer Name Stacey A. McCulloch			
Street Address 50 Kennedy Plaza, Suite 1500		Street Address 430 N. Chapparral Way			
City Providence	State RI	Zip 02903	City Crestone	State CO	Zip 81131
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 Norman E. McCulloch, Jr.		Director Name Dorothy R. McCulloch			
Street Address 99 Adams Point Road		Street Address 99 Adams Point Road			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Paul A. Silver		Director Name Stacey A. McCulloch			
Street Address 50 Kennedy Plaza, Suite 1500		Street Address 430 N. Chapparral Way			
City Providence	State RI	Zip 02903	City Crestone	State CO	Zip 81131
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

File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JUN 07 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.

Norman E. McCulloch, Jr. 6/4/2012
 Signature of Officer Date
Norman E. McCulloch, Jr.
 Print or Type Name of Officer

President
 Title of Officer