



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. 95065		2. Exact name of the Corporation Watkins Burnham Fund			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To make charitable contributions			
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 Richard I. Burnham			Vice-President Name Fanchon M. Burnham		
Street Address 3554 Edmunds Street, NW			Street Address 3554 Edmunds Street, NW		
City Washington	State DC	Zip 20007	City Washington	State DC	Zip 20007
Secretary Name Fanchon M. Burnham			Treasurer Name Paul W. Whyte		
Street Address 3554 Edmunds Street, NW			Street Address 1 Amanda Way		
City Washington	State DC	Zip 20007	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 Richard I. Burnham			Director Name Helen M. Burnham		
Street Address 3554 Edmunds Street, NW			Street Address 279 Third Beach Road		
City Washington	State DC	Zip 20007	City Middletown	State RI	Zip 02840
Director Name Fanchon M. Burnham			Director Name Paul W. Whyte		
Street Address 3554 Edmunds Street, NW			Street Address 1 Amanda Way		
City Washington	State DC	Zip 20007	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

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

FILED

JUN 07 2012

BY _____

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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.

Paul W. Whyte

Signature of Officer

6/6/12

Date

Paul W. Whyte

Print or Type Name of Officer

Treasurer

Title of Officer