



**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**

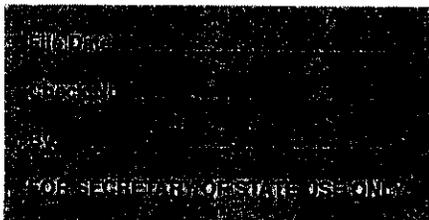
Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

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

|   |                    |   |                           |                    |                     |
|---|--------------------|---|---------------------------|--------------------|---------------------|
| 1. Entity ID No.<br><b>36899</b>                    |                    | 2. Exact name of the Corporation<br><b>Felicia Fund, Inc.</b>   |                           |                    |                     |
| 3. State of Incorporation<br><b>RI</b>              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>To make contributions to charitable organizations</b> |                           |                    |                     |
| 5. Principal office address<br><b>90 Elm Street</b> |                    | City<br><b>Providence</b>   |                           | State<br><b>RI</b> | Zip<br><b>02903</b> |
| President Name<br><b>Pauline C. Metcalf</b>         |                    | Vice-President Name   |                           |                    |                     |
| Street Address<br><b>375 Mail Road</b>              |                    | Street Address  |                           |                    |                     |
| City<br><b>Exeter</b>                               | State<br><b>RI</b> | Zip<br><b>02822</b>   | City                      | State              | Zip                 |
| Secretary Name<br><b>Frank Mauran</b>               |                    | Treasurer Name<br><b>Paul W. Whyte</b>  |                           |                    |                     |
| Street Address<br><b>109 Benefit Street</b>         |                    | Street Address<br><b>1 Amanda Way</b>   |                           |                    |                     |
| City<br><b>Providence</b>                           | State<br><b>RI</b> | Zip<br><b>02903</b>   | City<br><b>Providence</b> | State<br><b>RI</b> | Zip<br><b>02904</b> |
| Director Name<br><b>Pauline C. Metcalf</b>          |                    | Director Name<br><b>Joseph Peter Spang</b>  |                           |                    |                     |
| Street Address<br><b>375 Mail Road</b>              |                    | Street Address<br><b>Historic Deerfield</b>   |                           |                    |                     |
| City<br><b>Exeter</b>                               | State<br><b>RI</b> | Zip<br><b>02822</b>   | City<br><b>Deerfield</b>  | State<br><b>MA</b> | Zip<br><b>01342</b> |
| Director Name<br><b>Frank Mauran</b>                |                    | Director Name<br><b>Paul W. Whyte</b>   |                           |                    |                     |
| Street Address<br><b>109 Benefit Street</b>         |                    | Street Address<br><b>1 Amanda Way</b>   |                           |                    |                     |
| City<br><b>Providence</b>                           | State<br><b>RI</b> | Zip<br><b>02903</b>   | City<br><b>Providence</b> | State<br><b>RI</b> | Zip<br><b>02904</b> |

**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**

**751**

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* 6/6/12  
 Signature of Officer Date

**Paul W. Whyte**

Print or Type Name of Officer

**Treasurer**

Title of Officer