



**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**

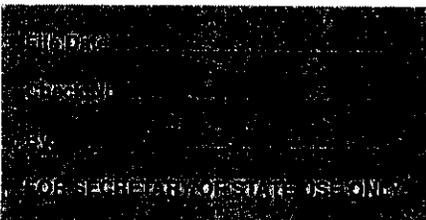
Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

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

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