

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RJ 02904-2615 2012 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
105627	Jonathan M. Nelson Family Foundation					
3. State of Incorporation	4. Corporate address in R	bode Island - Street Address		City	Zip	
Rhode Island	50 Kennedy Plaza	а		Providence	02903	
5. Foreign corporation. Enter principal office address			City	State	Zip	
Not applicable						
6. Brief Description of the character of						
Operated exclusively for cha	aritable, religious or :	scientific purposes with	in the meaning of Section 50	1(c)(3) of the IRS Code) .	
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7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Jonathan M. Nelson			NONE			
Street Address			Street Address			
50 Kennedy Plaza	State	Zip	City	State	Zip	
Ť	RI	l ,	City	siate	2.ip	
Providence	I L	02903	Treasurer Name	<u> </u>	1	
Secretary Name A. Max Kohlenberg			Raymond M. Mathieu			
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Street Address 2800 Financial Plaza			Street Address 50 Kennedy Plaza			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
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Director Name			CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name			
Jonathan M. Nelson			David K. Duffell			
Street Address			Street Address			
50 Kennedy Plaza			c/o Weil Gotshal & Manges, LLP, 50 Kennedy Plaza			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Director Name	1		Director Name		. L .:	
Jane S. Nelson						
Street Address			Street Address			
311 Freeman Parkway						
City	State	Zip	City	State	Zip	
Providence	RI	02906	ļ			
9. REGISTERED AGENT IN	RHODE ISLAND	•				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
			ident, Secretary, Assistant Secretary		· ,	
rms report must	. OU SIGNED BY CITIES I	me i restuem, vice ries	rucini, occitetat y, masistalit occi	iciary, ficasulci, Recei	rer or rrustee	

1 05627	
- 1030Z1	JUN 15 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.
File Date	Signature of Officer Date
Check No.	A. Max Kohlenberg
Bv.	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Secretary
	Title of Officer Form 631 Rev. 09/17