



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. 503120		2. Exact name of the Corporation TUCKWOTTON FOUNDATION, INC			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Soliciting donations, investing funds and administration of property to support MISSION OF TUCKWOTTON HOME			
5. Principal office address 75 EAST ST		City PROVIDENCE	State RI	Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patricia Zeller			Vice-President Name none		
Street Address 2790 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Deborah Perlman			Treasurer Name Kenneth Thomas		
Street Address 16 Barbary Hill Road			Street Address One Providence Washington Plaza		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
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 Patricia Zeller			Director Name Kenneth Thomas		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Deborah Perlman			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
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

FILED

JUN 28 2012

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

266325

Deborah F. Perlman 6/25/12
 Signature of Officer Date

DEBORAH F. PERLMAN
 Print or Type Name of Officer

SECRETARY
 Title of Officer