



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 2013

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. 115707		2. Exact name of the Corporation The H. Winfield and Phyllis Tucker Family Foundation, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Distribution of charitable donations			
5. Principal office address 757 Indian Corner Road		City Slocum	State RI	Zip 02877	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Linda D. Tucker		Vice-President Name Bonnie T. L'Etoile			
Street Address 946 E Tuckertown Road		Street Address 496 Pine Meadow Road			
City Wakefield	State RI	Zip 02879	City Northfield	State MA	Zip 01360
Secretary Name Eve T. Keenan		Treasurer Name Linda D. Tucker			
Street Address 946 F Tuckertown Road		Street Address 946 E Tuckertown Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Linda D. Tucker		Director Name Bonnie T. L'Etoile			
Street Address 946 E Tuckertown Road		Street Address 496 Pine Meadow Road			
City Wakefield	State RI	Zip 02879	City Northfield	State MA	Zip 01360
Director Name Eve T. Keenan		Director Name			
Street Address 946 F Tuckertown Road		Street Address			
City Wakefield	State RI	Zip 02879	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

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

FILED
 MAY 22 2013
 1534

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.
 Signature of Officer: Linda D. Tucker Date: 5/21/2013

 Print or Type Name of Officer