RI SOS Filing Number: 201320808680 Date: 05/22/2013 4:00 PM

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.	2. Exact name of the Corporation
47340	**Ocean State Power Burrillville Community Foundation**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Foundation which offers grants to organizations that benefit Burrillville residents.**

5. Principal office address	City	State	Zip
105 Harrisville Main Street	**Harrisville**	**RI**	**02830**

President Name	Vice-President Name
Nancy Binns	**Matthew Cole**
Street Address: **67 Church Street**	Street Address: **c/o OSP, 1575 Sherman Farm Road**
City: **Pascoag** State: **RI** Zip: **02859**	City: **Harrisville** State: **RI** Zip: **02830**
Secretary Name: **Irene Smith**	Treasurer Name: **John P. Mainville**
Street Address: **308 Chapel Street**	Street Address: **1450 Tarkiln Road**
City: **Harrisville** State: **RI** Zip: **02830**	City: **Harrisville** State: **RI** Zip: **02830**

Director Name	Director Name
Edwin Pacheco	**Irene Smith**
Street Address: **12 Camp Dixie Road**	Street Address: **308 Chapel Street**
City: **Pascoag** State: **RI** Zip: **02859**	City: **Harrisville** State: **RI** Zip: **02830**
Director Name: **Matthew Cole**	Director Name: **Wallace F. Lees**
Street Address: **c/o OSP, 1575 Sherman Farm Road**	Street Address: **440 Camp Dixie Road**
City: **Harrisville** State: **RI** Zip: **02830**	City: **Pascoag** State: **RI** Zip: **02859**

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

[redacted]

MAY 22 2013

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[redacted] #00094081

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.

5/13-2013
Signature of Officer — Date

John Mainville
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012
923821-852290