



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. 47340		2. Exact name of the Corporation Ocean State Power Burrillville Community Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Foundation which offers grants to organizations that benefit Burrillville residents.			
5. Principal office address 105 Harrisville Main Street		City Harrisville	State RI	Zip 02830	
President Name Nancy Binns		Vice-President Name 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 Edwin Pacheco		Director Name 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

MAY 22 2013

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] **5/13-2013**
 Signature of Officer Date
John Mainville
 Print or Type Name of Officer
Treasurer
 Title of Officer