



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. 485786		2. Exact name of the Corporation DOROTHY + TOTO FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island THE FOUNDATION MAKES CONTRIBUTIONS TO ORGANIZATIONS WHICH MAKE SMALL BUSINESS LOANS TO FEMALES IN UNDERDEVELOPED COUNTRIES TO GUIDE THEM INTO SELF-RELIANCE.			
5. Principal office address 673 EAST AVENUE		City WARWICK		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DOROTHY S. SENERCHIA		Vice-President Name			
Street Address 673 EAST AVENUE		Street Address			
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name MARGARET G. PETRARCA		Treasurer Name			
Street Address 98 TRELLIS DRIVE		Street Address			
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
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 M. NOELLE BRISSON		Director Name DOROTHY S. SENERCHIA			
Street Address 60 BOULEVARD DE CLICHY		Street Address 673 EAST AVENUE			
City PARIS	State FRANCE	Zip 75018	City WARWICK	State RI	Zip 02886
Director Name GERARD GEORGE		Director Name			
Street Address 357 WEST 55TH STREET		Street Address			
City NEW YORK	State NY	Zip 10019	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND LYNN M. DUPRE					
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: _____

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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.

Dorothy S. Senerchia **June 3, 2013**
Signature of Officer Date

DOROTHY S. SENERCHIA
Print or Type Name of Officer

PRESIDENT
Title of Officer