



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. 75511			2. Exact name of the Corporation Billy Andrade-Brad Faxon Charities for Children, Inc.		
3. State of Incorporation Rhode Island			4. Brief description of the character of business conducted in Rhode Island Constituted for charitable, educational and scientific purposes		
5. Principal office address 144 Westminster Street			City Providence	State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name William F. Lunnie			Vice-President Name David H. Chase		
Street Address 79 Sherman Avenue			Street Address 166 Mourning Dove Drive		
City Seekonk	State MA	Zip 02771	City Saunderstown	State RI	Zip 02874
Secretary Name Raymond H. Coogan			Treasurer Name Raymond H. Coogan		
Street Address P.O. Box 347			Street Address P.O. Box 347		
City North Attleboro	State MA	Zip 02761-0347	City North Attleboro	State MA	Zip 02761-0347
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Jody L. Andrade			Director Name John P. Andrade		
Street Address 4429 East Brookhaven Drive			Street Address 559 Hope Street		
City Atlanta	State GA	Zip 30319	City Bristol	State RI	Zip 02809
Director Name William T. Andrade			Director Name Andrew J. Berg		
Street Address 4429 East Brookhaven Drive			Street Address 3060 Peachtree, Road, Suite 830		
City Atlanta	State GA	Zip 30319	City Atlanta	State GA	Zip 30305
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

JUN 14 2013

49-199347

A.A.

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 Raymond H. Coogan Date 6-13-13
Raymond H. Coogan
Print or Type Name of Officer
Secretary/Treasurer
Title of Officer