



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. 119465		2. Exact name of the Corporation Anthony Quinn Foundation	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provides scholarship support to gifted young adults for arts education; sponsors exhibitions and retrospectives; and provides access to the creative world of Anthony Quinn.	
5. Principal office address 420 Poppasquash Road		City Bristol	State RI
		Zip 02809	
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Katherine Quinn		Vice-President Name Erich Rhyndhart	
Street Address 420 Poppasquash Road		Street Address 420 Poppasquash Road	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Erich Rhyndhart		Treasurer Name Elizabeth Marconi	
Street Address 420 Poppasquash Road		Street Address 420 Poppasquash Road	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
. 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 Katherine Quinn		Director Name Elizabeth Marconi	
Street Address 420 Poppasquash Road		Street Address 420 Poppasquash Road	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Director Name Erich Rhyndhart		Director Name	
Street Address 420 Poppasquash Road		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
. 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

FILED

JUN 14 2013

File Date **6/11/13**

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

By **mme**
CP# 5037

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 **Elizabeth Marconi** 6/11/13 Date

Print or Type Name of Officer **Elizabeth Marconi**

Treasurer
Title of Officer