

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013.

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.					() () 1) is subject to u	
1. Corporate ID No.	2. Name of Co	2. Name of Corporation				
27777		BRISTOLITE FOUNDATION				
3. State of Incorporation	l l	4. Corporate address in Rhode Island - Street Address			Zip	
RHODE ISLAND	One Park	Row, Suite 300, Attn	Nathan W. Chace, Esq.	Providence	02903	
5. Foreign corporation. Enter principal office address			CHy	State	Zip	
6. Brief Description of the cha		ich are actually conducted in i	Rhode Island			
Charitable contribution	s					
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR	ATTACHMENT) [FILL IN SPACE	S REPORT HOME ATTA	CHARNE	
President Name		· · · · · · · · · · · · · · · · · · ·	Vice President Name	S BEFORE COING ATTA	CHATENIS	
Nathan W. Chace, A	ssistant Secreta	rv				
Street Address			Street Address			
One Park Row, Suite	300					
City	State	Zip	City	State	Zip	
Providence	RI	02903			'	
Secretary Name			Treasurer Name			
Joan D. Martin			Edward L. Wrobel			
Street Address			Street Address	Street Address		
324 North Lane			680 Warren Avenue			
City	State	Zip	City	State	Zip	
Bristol	RI	02809	East Providence	RI	02914	
8. NAMES AND ADDRE	SSES OF THE DII	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPACE	S BEFORE USING ATTA	CHMENTS	
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL NO	OT BE LESS THAN THR	<u>EE</u> (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Joan D. Martin			Edward L. Wrobel			
Street Address			Street Address			
324 North Lane			680 Warren Avenue			
City	State	Zip	City	State	Zip	
Bristol	RI	02809	East Providence	RI	02914	
Director Name			Director Name	.		
Elaine Shaw			Nathan W. Chace			
Street Address			Street Address			
59 Campbell Street			One Park Row, Suite	300_		
City	State	Zip	City	State	Z.ip	
Pawtucket	RI	02860	Providence	RI	02903	
9. REGISTERED AGENT	IN RHODE ISLAI	ND				
This information is curren	ntly of record in the	Office of the Secretary of	of State. Changes require filing of F	Form 641 - R LG L - 7-6-10	3/7_6_78	
This report r	nust be signed by	either the President, Vic	e President, Secretary, Assistant S	Secretary, Treasurer, Rec	eiver or Trustee	

	FILED	, , , , , , , , , , , , , , , , , , , ,
	JUL 117/2013	
ВУ	1131	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date		statements contained herein are true and correct.
Check No.		Joan D. Martin
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Officer Chairman & Secretary Title of Officer