



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 **2011**

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. 000133068		2. Exact name of the Corporation THE ANGLICAN FOUNDATION OF RHODE ISLAND, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO ASSIST AND CONTRIBUTE TO THE SUPPORT AND FURTHERANCE OF TRADITIONAL ANGLICAN CHRISTIAN PRINCIPLES			
5. Principal office address 31 CODDINGTON WHARF - APT 17		City NEWPORT	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name FRANK M JENKS			Vice-President Name TED J SPARGO		
Street Address 41 OLD BLACK POINT ROAD			Street Address 31 CODDINGTON WHARF - APT 17		
City NIANTIC	State CT	Zip 06357	City NEWPORT	State RI	Zip 02840
Secretary Name TED J SPARGO			Treasurer Name KATHY SPARGO		
Street Address 31 CODDINGTON WHARF - APT 17			Street Address 31 CODDINGTON WHARF - APT 17		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 TED J SPARGO			Director Name KATHY SPARGO		
Street Address 31 CODDINGTON WHARF - APT 17			Street Address 31 CODDINGTON WHARF - APT 17		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name FRANK M JENKS			Director Name		
Street Address 41 OLD BLACK POINT ROAD			Street Address		
City NIANTIC	State CT	Zip 06357	City	State	Zip
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.					

2013 OCT 10 AM 11:54
 SECRETARY OF STATE
 CORPORATIONS DIV

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 11:59 AM

OCT 10 2013

By: **208070**

ICM

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]

Signature of Officer

FRANK M JENKS

Print or Type Name of Officer

PRESIDENT

Title of Officer

9/27/2013

Date