



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 2010

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 <u>ALL</u> 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 <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> 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.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date

OCT 10 2013

Check No

By:

By

208070

FOR SECRETARY OF STATE USE ONLY

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

FRANK M JENKS

Print or Type Name of Officer

PRESIDENT

Title of Officer

9/27/2013

Date