



**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.<br><b>000133068</b>   |                    | 2. Exact name of the Corporation<br><b>THE ANGLICAN FOUNDATION OF RHODE ISLAND, INC.</b>   |   |                    |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO ASSIST AND CONTRIBUTE TO THE SUPPORT AND FURTHERANCE OF TRADITIONAL ANGLICAN CHRISTIAN PRINCIPLES</b> |   |                    |                     |
| 5. Principal office address<br><b>31 CODDINGTON WHARF - APT 17</b>   |                    |  | City<br><b>NEWPORT</b>                                | State<br><b>RI</b> | Zip<br><b>02840</b> |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                    |                     |
| President Name<br><b>FRANK M JENKS</b>   |                    |  | Vice-President Name<br><b>TED J SPARGO</b>            |                    |                     |
| Street Address<br><b>41 OLD BLACK POINT ROAD</b>   |                    |  | Street Address<br><b>31 CODDINGTON WHARF - APT 17</b> |                    |                     |
| City<br><b>NIANTIC</b>   | State<br><b>CT</b> | Zip<br><b>06357</b>  | City<br><b>NEWPORT</b>                                | State<br><b>RI</b> | Zip<br><b>02840</b> |
| Secretary Name<br><b>TED J SPARGO</b>  |                    |  | Treasurer Name<br><b>KATHY SPARGO</b>                 |                    |                     |
| Street Address<br><b>31 CODDINGTON WHARF - APT 17</b>  |                    |  | Street Address<br><b>31 CODDINGTON WHARF - APT 17</b> |                    |                     |
| City<br><b>NEWPORT</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>  | City<br><b>NEWPORT</b>                                | State<br><b>RI</b> | Zip<br><b>02840</b> |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |  |   |                    |                     |
| Director Name<br><b>TED J SPARGO</b>   |                    |  | Director Name<br><b>KATHY SPARGO</b>                  |                    |                     |
| Street Address<br><b>31 CODDINGTON WHARF - APT 17</b>  |                    |  | Street Address<br><b>31 CODDINGTON WHARF - APT 17</b> |                    |                     |
| City<br><b>NEWPORT</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>  | City<br><b>NEWPORT</b>                                | State<br><b>RI</b> | Zip<br><b>02840</b> |
| Director Name<br><b>FRANK M JENKS</b>  |                    |  | Director Name   |                    |                     |
| Street Address<br><b>41 OLD BLACK POINT ROAD</b>   |                    |  | Street Address  |                    |                     |
| City<br><b>NIANTIC</b>   | State<br><b>CT</b> | Zip<br><b>06357</b>  | 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*

**FILED** 11:58 AM

File Date                       
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 By:                      **By 208070**

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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]* 9/27/2013  
 Signature of Officer Date  
**FRANK M JENKS**  
 Print or Type Name of Officer  
**PRESIDENT**  
 Title of Officer