RI SOS Filing Number: 201432478030 Date: 01/07/2014 4:00 PM

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.	2. Exact name of the Corporation
544381	FINNZ FUNDZ
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Organization which raises money to assist individuals and families fighting Cystic Fibrosis with meeting basic needs.

5. Principal office address	City	State	Zip
162 Custer Street	Warwick	RI	

☐ **LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

President Name	Vice-President Name
Kerry Burns	Patrick Burns
Street Address: 238 PAWTUXET AVE	Street Address: 238 PAWTUXET AVE
City: WARWICK State: RI Zip: 02888	City: WARWICK State: RI Zip: 02888
Secretary Name	**Treasurer Name**
Street Address	Street Address
City State Zip	City State Zip

☐ **LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)** ☐

Director Name	Director Name
LYNN GALLAGHER	JOE GALLAGHER
Street Address: 162 CUSTER ST	Street Address: 162 CUSTER ST
City: WARWICK State: RI Zip: 02888	City: WARWICK State: RI Zip: 02888
Director Name: KELLY MASTROSTEFANO	Director Name
Street Address: 100 RUTHERGLEN AVE	Street Address
City: PROVIDENCE State: RI Zip: 02907	City State 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

File Date JAN 07 2014
Check No 0173 **BY**
By:
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 — 11/19/13 Date

Kerry Burns
Print or Type Name of Officer

President / Executive Director
Title of Officer

Form No. 631
Revised: 05/2012

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