



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*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.*

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000531939

**2. Name of Corporation** The Dennis T. Tefft Memorial Foundation

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 208 RICHARD TOWNHOUSE ROAD

City or Town: CAROLINA

State: RI Zip: 02812 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROMOTE FELLOWSHIP, EDUCATION AND FUNDING TO INDIVIDUALS AND GROUPS THAT WILL PARTICIPATE IN THE RESTORATION AND USE OF ANTIQUE FARM TRACTORS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM COULTER	PO BOX 147 WOOD RIVER JUNCTION, RI 02854 USA
DIRECTOR	WILLIAM A COULTER	P.O. BOX 147

		WOOD RIVER JUCTION, RI 02894 USA
DIRECTOR	SCOTT W. BARBER	208 RICHMOND TOWNHOUSE RD CAROLINA, RI 02812 USA
DIRECTOR	KIM M. COULTER	P.O. BOX 147 WOOD RIVER JCT, RI 02894 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SCOTT W. BARBER 208 RICHMOND TOWNHOUSE ROAD CAROLINA , RI 02812

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

**Signed this 2 Day of May, 2014 at 10:34:40 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KIM M. COULTER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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