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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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
160605	THE MR. AND MRS. ROBERT N. CHAPMAN AND THEIR SON ROBET S. CHAPMAN
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	CHARITABLE FOUNDATION

5. Principal office address	City	State	Zip
133 OLD TOWER HILL ROAD, STE. 1	WAKEFIELD	RI	02879

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

President Name	Vice-President Name
JOHN A. MARGINSON	
Street Address	Street Address
ONE TURKS HEAD PLACE, STE. 800	
City / State / Zip	City / State / Zip
PROVIDENCE / RI / 02903	
Secretary Name	Treasurer Name
ARCHIBALD B. KENYON, JR.	ARCHIBALD B. KENYON, JR.
Street Address	Street Address
133 OLD TOWER HILL ROAD, STE. 1	133 OLD TOWER HILL ROAD, STE. 1
City / State / Zip	City / State / Zip
WAKEFIELD / RI / 02879	WAKEFIELD / RI / 02879

7. 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
JOHN A. MARGINSON	ARCHIBALD B. KENYON, JR.
Street Address	Street Address
ONE TURKS HEAD PLACE, STE. 800	133 OLD TOWER HILL ROAD, STE. 1
City / State / Zip	City / State / Zip
PROVIDENCE / RI / 02903	WAKEFIELD / RI / 02879
Director Name	Director Name
STEPHEN B. KENYON	
Street Address	Street Address
133 OLD TOWER HILL ROAD, STE. 1	
City / State / Zip	City / State / Zip
WAKEFIELD / RI / 02879	

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, duly Authorized Representative, Receiver or Trustee

FILED

MAY 05 2014

File Date _____
Check No _____ **BY** 8502
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 or Authorized Representative — Date 5/6/14

ARCHIBALD B. KENYON, JR., PRESIDENT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014