



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. <b>43894</b>		2. Exact name of the Corporation <b>Doreen A. Tomlinson Foundation</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Afford School Tuition for four girls at Saint Academy</b>			
5. Principal office address <b>9 Blue Mist Dr</b>			City <b>Manville</b>	State <b>R.I.</b>	Zip <b>02838</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Jo-Ann M. Enander</b>			Vice-President Name <b>John W Tomlinson</b>		
Street Address <b>9 Blue Mist Dr</b>			Street Address <b>9 Blue Mist Dr</b>		
City <b>Manville</b>	State <b>R.I.</b>	Zip <b>02838</b>	City <b>Manville</b>	State <b>R.I.</b>	Zip <b>02838</b>
Secretary Name <b>Alice G Tomlinson</b>			Treasurer Name <b>Jo-Ann M. Enander</b>		
Street Address <b>9 Blue Mist Dr</b>			Street Address <b>9 Blue Mist Dr</b>		
City <b>Manville</b>	State <b>R.I.</b>	Zip <b>02838</b>	City <b>Manville</b>	State <b>R.I.</b>	Zip <b>02838</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>David C. Tomlinson</b>			Director Name <b>Robert J. Tomlinson</b>		
Street Address <b>14 Lee Ave</b>			Street Address <b>8 Stone Bridge Dr</b>		
City <b>No. Providence</b>	State <b>R.I.</b>	Zip <b>02804</b>	City <b>Cumberland</b>	State <b>R.I.</b>	Zip <b>02864</b>
Director Name <b>Mr Daniel Richard</b>			Director Name		
Street Address <b>123 Walcott St</b>			Street Address		
City <b>Pawtucket</b>	State <b>R.I.</b>	Zip <b>02860</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, duly Authorized Representative, Receiver or Trustee

**FILE**

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**MAY 21 2014**  
**10114**

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.

*Jo-Ann Enander* 5/20/15  
 Signature of Officer or Authorized Representative Date  
**Jo-Ann Enander, President**  
 Print or Type Name of Officer or Authorized Representative