



**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.** 000144267

**2. Name of Corporation** Lyn & Margaret Comfort Charitable Foundation

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 62 WASHINGTON STREET

City or Town: NEWPORT

State: RI Zip: 02840 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**

PRIVATE FOUNDATION

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
SECRETARY	LYN COMFORT	62 WASHINGTON ST. NEWPORT, RI 02840 USA
PRESIDENT	MARGARET D COMFORT	62 WASHINGTON STREET NEWPORT, RI 02840- USA
DIRECTOR	EMILY COMFORT	709 NW MERRIE DR.

		CORVALLIS, OR 97330 USA
DIRECTOR	MARGARET D. COMFORT	62 WASHINGTON ST. NEWPORT, RI 02840 USA
DIRECTOR	LYN COMFORT	62 WASHINGTON ST. NEWPORT, RI 02840 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**

LYN COMFORT 62 WASHINGTON STREET NEWPORT , RI 02840

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

**Signed this 2 Day of June, 2014 at 5:19:49 PM 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 LYN COMFORT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations  
All Rights Reserved