

1. Fetity ID No

RI

3. State of Incorporation

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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

THE BARRY WALSH AND FRIENDS FOUNDATION

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FUNDS FOR LOCAL NEWPORT COUNTY 501C3 ORGANIZATIONS

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5. Principal office address 54 DIXON ST. APT. B			NEWPORT	State RI	⁷ 02840
B. LIST ALL OFFICERS (N	AMES AND ADDR	ESSES) ("X" BOX FO	R ATTACHMENT)		
President Name ROBERT WALSH			Vice-President Name JEFFERY MARLOWE		
Street Address 54 DIXON ST. APT B			Street Address 113 MEMORIAL BOULEVARD WEST		
ity NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name MAUREEN ZIEGLER			Treasurer Name VICTORY WALSH		
Street Address 32 PRESCOTT HALL RD			Street Address 54 DIXON STREET APT. B		
Dity NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
LIST <u>ALL</u> DIRECTORS (("X" BOX FOR ATTACHI	NAMES AND ADD	DRESSES). RHODE IS	LAND CORPORATIONS MUST L	IST NO LESS THAN	THREE (3) DIRECTOR
Director Name DONNA PRESCOTT			Director Name ROBERT WALSH		
Street Address 124 WOLCOTT AVE			Street Address 54 DIXON ST APT.B		
City MIDDLETOWN	State RI	Zip 02842	City NEWPORT	State RI	Zip 02840
Director Name MAUREEN ZIEGLER			Director Name DAN PRESCOTT		
Street Address 32 PRESCOTT HALL RD			Street Address 424 WOLCOTT AVE		
Dity NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02840
REGISTERED AGENT IN	RHODE ISLAND				
			ary of State. Changes require fill		
his report must be signed b r Trustee	y either the Presid	lent, Vice-President, Se	ecretary, Assistant Secretary, Treas	urer, duly Authorized	Representative, Receive
		FILE		y, I declare and affi	rm that I have examined
File Date	· ·		and that all statements	ny accompanying s contained herein a	chedules and statemen re true and correct.
Check No		JUN 02	(1/5///	ill !	5/31/14
FOR SECRETARY OF ST	ATE USE ONLY	BY	Signature of Officer or Au		ative Date
			ROBERT WALS		
form No. 631 Revised: 04/2014			Print or Type Name of Of	fficer or Authorized R	epresentative