



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. 793371		2. Exact name of the Corporation 60 King Street, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Holding title to property, collecting income and turning over the full amount, less expenses to an organization which itself is exempt under IRC 501 (A)(1)			
5. Principal office address 55 Dorrance Street, Suite 200			City Providence	State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Frank Shea			Vice-President Name		
Street Address 66 Chafee Street			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name John M. Kelly			Treasurer Name John M. Kelly		
Street Address 1000 Eddy Street			Street Address 1000 Eddy Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Melanie Cahill			Director Name Mary L. Fasano		
Street Address 66 Chafee Street			Street Address 66 Chafee Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name John R. Galvin			Director Name Paul Moran		
Street Address 1000 Eddy Street			Street Address 1000 Eddy Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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 Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

FILED

JUN 06 2014

100371

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.

John M. Kelly 6/2/14
Signature of Officer or Authorized Representative Date

John M. Kelly, Secretary
Print or Type Name of Officer or Authorized Representative

60 KING STREET, INC.

2014 BOARD OF DIRECTORS

Melanie Cahill
66 Chafee Street
Providence, RI 02909

Mary L. Fasano
66 Chafee Street
Providence, RI 02909

John R. Galvin, C.P.A.
1000 Eddy Street
Providence, RI 02905

Frank Shea
66 Chaffee Street
Providence, RI 02909

Mr. Paul P. Moran
1000 Eddy Street
Providence, RI 02905

Mr. Bill White
1000 Eddy Street
Providence, RI 02905

FILED

JUN 06 2014

BY

#793371