



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. 92520		2. Exact name of the Corporation B Street Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Exclusively for charitable purposes			
5. Principal office address 90 Elm Street		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sophie F. Danforth		Vice-President Name			
Street Address 1460 Estuary Trail		Street Address			
City Delray Beach	State FL	Zip 33483	City	State	Zip
Secretary Name Stephanie D. Chafee		Treasurer Name Murray S. Danforth III			
Street Address 22 Beachwood Drive		Street Address 17 Lloyd Lane			
City Warwick	State RI	Zip 02818	City Providence	State RI	Zip 02906
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 Sophie F. Danforth		Director Name Stephanie D. Chafee			
Street Address 1460 Estuary Trail		Street Address 22 Beachwood Drive			
City Delray Beach	State FL	Zip 33483	City Warwick	State RI	Zip 02818
Director Name Murray S. Danforth III		Director Name			
Street Address 17 Lloyd Lane		Street Address			
City Providence	State RI	Zip 02906	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 Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	
BY	

FILED

JUN 06 2014

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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.

Murray S. Danforth III 4 June 2014
Signature of Officer or Authorized Representative Date

Murray S. Danforth III

Print or Type Name of Officer or Authorized Representative