

## 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.	2. Exact na	me of the Corporation								
· ·		B Street Foundation								
92520	2 01.00.	D Gilder Foundation								
3. State of Incorporation	4. Brief des	Brief description of the character of business conducted in Rhode Island								
<b>D</b> .	Exclusiv	ely for charitable	purposes							
RI										
5. Principal office address		1 TA 1854-1-	City	State	Zin					
90 Elm Street			Providence	RI	Zip <b>02903</b>					
GALLS FALL OF FREE TO	VAMES AND ADDI	RESSES ("X" BOX F	OR ATTAGRMENTY -							
President Name			Vice-President Name							
Sophie F. Danforth										
Street Address			Street Address							
1460 Estuary Trail										
City	State	Zip	City	State	Zip					
Delray Beach	FL	33483								
Secretary Name			Treasurer Name							
Stephanie D. Chafee			Murray S. Danforth III							
Street Address			Street Address							
22 Beachwood Drive			17 Lloyd Lane							
City	State	Zip	City	State	Zip					
Warwick	RI	02818	Providence	RI	02906					
7. LISTAL COURECTORS	(NAMES AND ADI	DRESSES), RHODE IS	BLAND CORPORATIONS MUST	IST NO LESS THAN	THREE (8) DIRECTORS					
("X" BOX FOR ATTACH	MENT)	Park and the		Bangari a se C						
Director Name			Director Name							
Sophie F. Danforth			Stephanie D. Chafee							
Street Address			Street Address							
1460 Estuary Trail City State Zip			22 Beachwood Drive							
Deiray Beach	FL	Zip <b>33483</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>					
Director Name		33463	Director Name	ואן	02616					
Murray S. Danforth II	II		Director Name							
Street Address	-		Street Address							
17 Lloyd Lane			0.0007.000							
City	State	Zip	City	State	Zip					
Providence	RI	02906			"					
8. REGISTERED AGENTI)	RHODEISLAND	343	A CONTRACT OF THE SECOND	441	·					
			ary of State. Changes require fili	ng Form 641.						
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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

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FOR	SEGRET	APY OF		JSEION	ILY 🤘
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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

Form No. 631 Revised: 04/2014 Print or Type Name of Officer or Authorized Representative