



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/business

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. 61552		2. Exact name of the Corporation Bafflin Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Accept charitable donations to invest such donations.			
5. Principal office address c/o 50 Kennedy Plaza, Suite 1500		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Michael M. Edwards		Vice-President Name Paul A. Silver			
Street Address 40 Ridgewood Road		Street Address 50 Kennedy Plaza, Suite 1500			
City Attleboro	State MA	Zip 02703	City Providence	State RI	Zip 02903
Secretary Name Joachim A. Weissfeld		Treasurer Name Paul A. Silver			
Street Address 50 Kennedy Plaza, Suite 1500		Street Address 50 Kennedy Plaza, Suite 1500			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Michael M. Edwards		Director Name Paul A. Silver			
Street Address 40 Ridgewood Road		Street Address 50 Kennedy Plaza, Suite 1500			
City Attleboro	State MA	Zip 02703	City Providence	State RI	Zip 02903
Director Name Joachim A. Weissfeld		Director Name			
Street Address 50 Kennedy Plaza, Suite 1500		Street Address			
City Providence	State RI	Zip 02903	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, Receiver or Trustee

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 06 2014

By: **225848**
A.A.

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.

Signature of Officer

Paul A. Silver

Print or Type Name of Officer

Vice President and Treasurer

Title of Officer

Date

6/5/14