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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.	2. Exact name of the Corporation
82257	Fradin Family Foundation
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To enhance and support charitable activities and charitable organizations.

5. Principal office address	City	State	Zip
50 Kennedy Plaza, Suite 1500	Providence	RI	02903

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Paul Fradin	
Street Address: 355 Blackstone Blvd Apt # 252	Street Address
City: Providence State: RI Zip: 02903	City State Zip
Secretary Name: Jay N. Rosenstein	Treasurer Name: Frank G. Halper
Street Address: 27 Dryden Lane	Street Address: 27 Dryden Lane
City: Providence State: RI Zip: 02904	City: Providence State: RI Zip: 02904

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Jay N. Rosenstein	Paul Fradin
Street Address: 27 Dryden Lane	Street Address: 355 Blackstone Blvd Apt # 252
City: Providence State: RI Zip: 02904	City: Providence State: RI Zip: 02906
Director Name: Frank G. Halper	Director Name
Street Address: 27 Dryden Lane	Street Address
City: Providence State: RI Zip: 02904	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

FILED
JUN 11 2014
BY 940

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Frank G. Halper — 6/9/14
Signature of Officer — Date

FRANK G. HALPER
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised 05/2013
108099-5-976099