



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. 28914		2. Exact name of the Corporation The Joseph and Rosalyn Sinclair Foundation, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Philanthropic Foundation			
5. Principal office address 144 Westminster St., Ste. 200		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rosalyn K. Sinclair		Vice-President Name			
Street Address 191 Boston Neck Road		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name William Piccerelli		Treasurer Name William Piccerelli			
Street Address 144 Westminster St., Ste. 200		Street Address 144 Westminster St., Ste. 200			
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) <input type="checkbox"/>					
Director Name Rosalyn K. Sinclair		Director Name William Piccerelli			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Director Name Robin Kay		Director Name			
Street Address 144 Westminster St., Ste. 200		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, duly Authorized Representative, Receiver or Trustee

FILED

JUN 12 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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

Signature of Officer or Authorized Representative

Date

William Piccerelli

Print or Type Name of Officer or Authorized Representative