



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. <b>27003</b>		2. Exact name of the Corporation <b>THE FAIN FAMILY ASSOCIATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address <b>505 CENTRAL AVENUE</b>		City <b>PAWTUCKET</b>		State <b>RI</b>	Zip <b>02861</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>BARBARA FAIN</b>			Vice-President Name <b>NONE</b>		
Street Address <b>55 ELLIS RD</b>			Street Address		
City <b>WEST NEWTON</b>	State <b>MA</b>	Zip <b>02465</b>	City	State	Zip
Secretary Name <b>BARRY FAIN</b>			Treasurer Name <b>JONATHAN D. FAIN</b>		
Street Address <b>48 CONGDON STREET</b>			Street Address <b>505 CENTRAL AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>FREDA LEHRER</b>			Director Name <b>JONATHAN D. FAIN</b>		
Street Address <b>63 RIVERFARM ROAD</b>			Street Address <b>505 CENTRAL AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
Director Name <b>BARRY FAIN</b>			Director Name		
Street Address <b>48 CONGDON STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	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**

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY **BY**

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.

*Jonathan D. Fain* 6/9/2014  
Signature of Officer or Authorized Representative Date

**JONATHAN D. FAIN, TREASURER**

Print or Type Name of Officer or Authorized Representative