RI SOS Filing Number: 201441177030 Date: 06/13/2014 4:00 PM

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 name of the Corporation
42524	**THE BRIAN FELL MEMORIAL FUND**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**the administration fund derived from endowment and gifts in the memory of Brian Fell. This corporation is organized exclusively for charitable and educational purposes within the meaning of Sec. 501 of the IRS Code.**

5. Principal office address	City	State	Zip
C/O Bradley L. Steere, 1160 Putnam Pike, P. O. Box 315	**Chepachet**	**RI**	**02814**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (P.O. BOX NOT ACCEPTABLE) ☐ (CHECK BOX FOR ATTACHMENT)

President Name	Vice-President Name
Michael Ferns	**None**
Street Address: **140 Pine Hill Road**	Street Address:
City: **Sterling** / State: **CT** / Zip: **06377**	City: / State: / Zip:
Secretary Name: **Donna Carlson**	Treasurer Name: **Gary Martinelli**
Street Address: **P. O. Box 629**	Street Address: **29 Briarwood Road**
City: **No. Scituate** / State: **RI** / Zip: **02857**	City: **No. Scituate** / State: **RI** / Zip: **02857**

7. LIST ALL OTHER DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (P.O. BOX NOT ACCEPTABLE) ☐ (CHECK BOX FOR ATTACHMENT)

Director Name	Director Name
Michael Ferns	**Gary Martinelli**
Street Address: **140 Pine Hill Road**	Street Address: **29 Briarwood Road**
City: **Sterling** / State: **CT** / Zip: **06377**	City: **No. Scituate** / State: **RI** / Zip: **02857**
Director Name: **Donna Carlson**	Director Name:
Street Address: **P. O. Box 629**	Street Address:
City: **No. Scituate** / State: **RI** / Zip: **02857**	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

[redacted]

FILED
JUN 13 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.

Signature of Officer or Authorized Representative — Date: 6.11.14

Michael Ferns, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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