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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

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
80636	The Brandon Angell Memorial Fund, Inc.
3. State of Incorporation: RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island: Receipt, holding and investment of contributed funds and the expenditure thereof for charitable, benevolent, educational, civic and recreational purposes.

5. Principal office address	City	State	Zip
4000 South County Trail	Charlestown	RI	02813

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

President Name	Street Address	City	State	Zip
Donna Angell	4000 South County Trail	Charlestown	RI	02813

Vice-President Name	Street Address	City	State	Zip
Donna McGuire	7 Oak Leaf Trail	Wyoming	RI	02898

Secretary Name	Street Address	City	State	Zip
Nancy Pirnie	3 Wood River Circle	Hope Valley	RI	02832

Treasurer Name	Street Address	City	State	Zip
Frank Angell	4000 South County Trail	Charlestown	RI	02813

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

Director Name	Street Address	City	State	Zip
Donna Angell	4000 South County Trail	Charlestown	RI	02813

Director Name	Street Address	City	State	Zip
Donna McGuire	7 Oak Leaf Trail	Wyoming	RI	02898

Director Name	Street Address	City	State	Zip
Nancy Pirnie	3 Wood River Circle	Hope Valley	RI	02832

Director Name	Street Address	City	State	Zip
Frank Angell	4000 South County Trail	Charlestown	RI	02813

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 13 2014
BY 0964

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.

Donna Angell , 2014
Signature of Officer or Authorized Representative Date

Donna Angell, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
108207-27-976127