

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 na	me of the Corporation			
80636	The Brandon Angell Memorial Fund, Inc.				
3. State of Incorporation			usiness conducted in Rhode Islan		
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 4000 South County Trail			City Charlestown	State RI	Zip 02813
6. LIST <u>ALL</u> OFFICERS (NA	MES AND ADDI	RESSES) ("X" BOX FOR A	TACHMENT)		
President Name			Vice-President Name		
Donna Angell			Donna McGuire		
Street Address			Street Address		
4000 South County Trail			7 Oak Leaf Trail		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Wyoming	RI	02898
Secretary Name			Treasurer Name	·····	!
Nancy Pirnie			Frank Angell		
Street Address			Street Address		
3 Wood River Circle			4000 South County Trail		
City	State	Zip	City	State	Zip
Hope Valley	RI	02832	Charlestown	RI	02813
		DRESSES). RHODE ISLAN	D CORPORATIONS MUST LIST	NO LESS THAN	I THREE (3) DIRECTOR
Director Name			Director Name		· · · · · · · · · · · · · · · · · · ·
Donna Angell			Donna McGuire		
Street Address			Street Address		
4000 South County Trail			7 Oak Leaf Trail		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Wyoming	RI	02898
Director Name			Director Name	<u> </u>	I
Nancy Pirnie			Frank Angell		
Street Address			Street Address		
3 Wood River Circle			4000 South County Trail		
City	State	Zip	City	State	Zip
Hope Valley	RI	02832	Charlestown	RI	02813
B. REGISTERED AGENT IN			10110110111	174	10=0.10
			of State. Changes require filing F	641	-
	•		ary, Assistant Secretary, Treasurer,		Representative, Receive
		FILED	Under penalty of perjury, I		
File Date JUN 1 3 201		JUN 1 3 2014	this report, including any accompanying schedules and statemen and that all statements contained herein are true and correct.		
By:	BY.	0964	Nonva a	ogell	, 2014
		· 	Signature of Officer or Author	rized Hepresental	tive Date
FOR SECRETARY OF STATE USE ONLY			Donna Angell, President		
Form No. 631			Print or Type Name of Officer or Authorized Representative		

Revised: 04/2014