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
27011	Barker Foundation, Inc
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Support of the performing arts, specifically theatre, in the City of Providence

5. Principal office address	City	State	Zip
400 Benefit Street	Providence	RI	02903

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

President Name	Vice-President Name
David P Crossley	Walter B Cotter
Street Address: 35 Partridge Run	Street Address: 206 Waterman Street
City: East Greenwich, State: RI, Zip: 02818	City: Providence, State: RI, Zip: 02906
Secretary Name	**Treasurer Name**
Holly B Applegate	Peter G Lamberton
Street Address: 106 Benefit Street, #2	Street Address: 14 Circuit Drive
City: Providence, State: RI, Zip: 02903	City: East Providence, State: RI, Zip: 02915

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

Director Name	Director Name
Thomas Harrison	Matthew T. Oliverio
Street Address: 55 Wildrose Court	Street Address: 77 South Angell Street, #202
City: Warwick, State: RI, Zip: 02888	City: Providence, State: RI, Zip: 02906
Director Name: John Lombardo	Director Name: Stephen Hunn
Street Address: 105 Mollie Drive	Street Address: 231 Algonquin Drive
City: Cranston, State: RI, Zip: 02921	City: Warwick, State: RI, Zip: 02888

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 19 2014
BY 553

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.

Peter G Lamberton — 06-16-2014
Signature of Officer or Authorized Representative — Date

PETER G. LAMBERTON
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

THE BARKER FOUNDATION - 2014

POSITION	FIRST NAME	LAST NAME	ADDRESS	CITY	STATE	ZIP
Director	Jack	O'Keefe	827 Williamsburg Circle	Warwick	RI	02888

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JUN 19 2014
BY