



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. 114931		2. Exact name of the Corporation Maxson Family Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Promote and facilitate research, collection, and sharing of genealogical material of Maxson Family.			
5. Principal office address 301 Church Street #309			City Wakefield	State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Susan Maxson			Vice-President Name Marsha Donarum		
Street Address 1705 Wildwood Road			Street Address 10847 105th Street N.		
City Bloomington	State IL	Zip 61704-2236	City Largo	State FL	Zip 33773
Secretary Name Carolyn Hellmuth			Treasurer Name Paula Pescatello		
Street Address PO Box 1630			Street Address 301 Church Street #309		
City Flippin	State AR	Zip 72634	City Wakefield	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Susan Maxson			Director Name Marsha Donarum		
Street Address 1705 Wildwood Road			Street Address 10847 105th Street N.		
City Bloomington	State IL	Zip 61704-2236	City Largo	State FL	Zip 33773
Director Name Paula Pescatello			Director Name Jane Maxson		
Street Address 301 Church Street #309			Street Address 55 Wild Goose Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 27 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.

Paula M. Pescatello 6/25/14
 Signature of Officer or Authorized Representative Date

Paula M. Pescatello, Treasurer

Print or Type Name of Officer or Authorized Representative