



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000529686

2. Name of Corporation THE DEREKA CROSBY FOUNDATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 8 PARKER STREET

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EXCLUSIVELY FOR CHARITABLE PURPOSES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SEAN J CLOUGH	12 BRAYTON ROAD SMITHFIELD RI 02917 SMITHFIELD, RI 02917 USA
TREASURER	ROBERT VIGORITA	55 KRISTEN CT, WARWICK, RI 02888 US
SECRETARY	ANN MCGLOSHEN	148 FEDERAL ST.

		PROVIDENCE, RI 02908 USA
DIRECTOR	BARBARA CROSBY	8 PARKER ST LINCOLN, RI 02865 US
DIRECTOR	RON BEAUDOIN	GREAT ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	EMILY RAYMOND	200 MAIN STREET PAWTUCKET, RI 02860 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BARBARA CROSBY 8 PARKER STREET LINCOLN , RI 02865

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of June, 2014 at 3:35:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SEAN J CLOUGH
Signature of Authorized Person

Form No. 631
Revised 09/07

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