RI SOS Filing Number: 201442200160 Date: 07/02/2014 4:00 PM

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
110243	**Friends of the Leonard Brown House at Glen Farm, Inc**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To restore and maintain historically significant building and surrounding property**

5. Principal office address	City	State	Zip
2200 East Main Rd	**Portsmouth**	**RI**	**02871**

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

President Name			Vice-President Name		
Craig L Clark			**Mary Lou Krol**		
Street Address			Street Address		
130 Hargraves Dr			**24 Independence Ct**		
City	State	Zip	City	State	Zip
Portsmouth	**RI**	**02871**	**Portsmouth**	**RI**	**02871**
Secretary Name			Treasurer Name		
none			**Mary Lou Krol**		
Street Address			Street Address		
none			**24 Independence Ct**		
City	State	Zip	City	State	Zip
none	**none**	**none**	**Portsmouth**	**RI**	**02871**

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		
Luke Harding			**Marybeth Clark**		
Street Address			Street Address		
884 Union St			**130 Hargraves Dr**		
City	State	Zip	City	State	Zip
Portsmouth	**RI**	**02871**	**Portsmouth**	**RI**	**02871**
Director Name			Director Name		
Craig L Clark					
Street Address			Street Address		
130 Hargraves Dr					
City	State	Zip	City	State	Zip
Portsmouth	**RI**	**02871**			

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
JUL- 0 2 2014
532

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.

Mary Lou Krol 6/30/14
Signature of Officer or Authorized Representative Date

Mary Lou Krol
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
108879-2-978264