



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. 141168		2. Exact name of the Corporation Gertrude B. Elion Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Supporting the works and memory of Gertrude B. Elion, including (but not limited to) publishing of her works, accomplishments, and life story			
5. Principal office address 2255 Commodore Perry Hwy		City Wakefield		State RI	Zip 02879-3940
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jonathan L Elion			Vice-President Name NONE		
Street Address 2255 Commodore Perry Hwy			Street Address		
City Wakefield	State RI	Zip 02879-3940	City	State	Zip
Secretary Name Kathleen R. Elion			Treasurer Name Jonathan L Elion		
Street Address 2255 Commodore Perry Hwy			Street Address 2255 Commodore Perry Hwy		
City Wakefield	State RI	Zip 02879-3940	City Wakefield	State RI	Zip 02879-3940
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 Jonathan L Elion			Director Name Kathleen R. Elion		
Street Address 2255 Commodore Perry Hwy			Street Address 2255 Commodore Perry Hwy		
City Wakefield	State RI	Zip 02879-3940	City Wakefield	State RI	Zip 02879-3940
Director Name Gary D. Elion			Director Name		
Street Address 1204 Ojo Verde			Street Address		
City Santa Fe	State NM	Zip 87501	City	State	Zip
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: _____

FILED
 JUL 08 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.

Signature of Officer or Authorized Representative *J Elion* Date **6/28/2014**

FOR SECRETARY OF STATE USE ONLY

Jonathan L. Elion
 Print or Type Name of Officer or Authorized Representative