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/business

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
150823	The Faxon Foundation
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Providing assistance of every type and nature to individuals in need.

5. Principal office address	City	State	Zip
144 Westminster Street	Providence	RI	02903

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

President Name: Bradford J Faxon, JR			Vice-President Name		
Street Address: 144 Westminster Street			Street Address		
City: Providence	State: RI	Zip: 02903	City	State	Zip
Secretary Name: William J Piccerelli			Treasurer Name: William J Piccerelli		
Street Address: 144 Westminster Street			Street Address: 144 Westminster Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

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

Director Name: William J Piccerelli			Director Name: Dorothea R Faxon		
Street Address: 144 Westminster Street			Street Address: 144 Westminster Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: Bradford J. Faxon, Jr			Director Name		
Street Address: 144 Westminster Street			Street Address		
City: Providence	State: RI	Zip: 02903	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, Receiver or Trustee

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

FILED
JUL 10 2014
BY 11449

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.

William J Piccerelli — 7/9/14
Signature of Officer — Date

William J. Piccerelli
Print or Type Name of Officer

Secretary
Title of Officer

Form No. 631
Revised: 05/2012