



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.** 000651232

**2. Name of Corporation** Mike Morissette Memorial Foundation, Inc

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 18 PERRYWINKLE ROAD

City or Town: WAKEFIELD

State: RI Zip: 02879 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**

THE MIKE MORISSETTE MEMORIAL FOUNDATION, INC. IS ORGANIZED TO RAISE FUNDS THROUGH SPONSORING CHARITABLE EVENTS AND SOLICITING FUNDS FROM WILLING DONORS. THESE FUNDS WILL BE DISTRIBUTED TO QUALIFIED RECIPIENTS AS DIRECTED BY THE BOARD OF DIRECTORS.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	GREGORY J ROEBUCK	18 PERRYWINKLE RD WAKEFIELD, RI 02879 USA

DIRECTOR	GREGORY J ROEBUCK	18 PERRYWINKLE RD WAKEFIELD, RI 02879 USA
DIRECTOR	BRIEN J MORISSETTE	1588 MAIN STREET, UNIT 29 WEST WARWICK, RI 02893 USA
DIRECTOR	MARY LOU MORISSETTE	25 NOEL CT WAKEFIELD, RI 02879 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**

GREGORY J. ROEBUCK 18 PERRYWINKLE ROAD WAKEFIELD , RI 02879

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

**Signed this 3 Day of December, 2014 at 8:42:07 AM 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 GREGORY J. ROEBUCK  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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