



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: 2015

1. Corporate ID No. 000577243

2. Name of Corporation The World War II Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 333 WHITE HORN DRIVE

City or Town: KINGSTON

State: RI Zip: 02881 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

TO PRODUCE EDUCATIONAL FILMS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	TIM GRAY	333 WHITE HORN DRIVE KINGSTON, RI 02881 USA
TREASURER	GEORGE LUZ	245 IDE ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	TOM CURRY	1 CITIZENS PLAZA, SUITE 1000

		PROVIDENCE, RI 02903 USA
DIRECTOR	JON DALLESSANDRO	36 TALBOT ROAD HINGHAM, MA 02043 USA
DIRECTOR	MARK ROMANO	74 LINCOLN ROAD MEDFORD, MA 02155 USA
DIRECTOR	GREG CHRISTIE	4618 CATALINA DRIVE SAN JOSE, CA 95129 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**

TIMOTHY GRAY 333 WHITE HORN DRIVE, SUITE ONE KINGSTON , RI 02881

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

Signed this 18 Day of May, 2015 at 2:29:35 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 TIM GRAY
Signature of Authorized Person

Form No. 631
Revised 09/07

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