



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 **2015**

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. 26229		2. Exact name of the Corporation The Hassenfeld Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Philanthropy			
5. Principal office address 101 Dyer Street		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Alan G. Hassenfeld		Vice-President Name Ellen Block			
Street Address 101 Dyer Street		Street Address 101 Dyer Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Lori Pollock		Treasurer Name none			
Street Address 101 Dyer Street		Street Address none			
City Providence	State RI	Zip 02903	City none	State none	Zip none
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Alan G. Hassenfeld		Director Name Ellen Block			
Street Address 101 Dyer Street		Street Address 101 Dyer Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Lori Pollock		Director Name none			
Street Address 101 Dyer Street		Street Address none			
City Providence	State RI	Zip 02903	City none	State none	Zip none
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

MAY 18 2015

BY 1207

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.

Alan G. Hassenfeld

05/14/2015

Signature of Officer or Authorized Representative

Date

Alan G. Hassenfeld

Print or Type Name of Officer or Authorized Representative