



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. 67274		2. Exact name of the Corporation BRYAN L. KEEFE CHARITABLE FUND			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CHARITABLE GIFTS/AWARDS UNDER SECTION 501(C) 3 IRS PUB 557			
5. Principal office address 140 IROQUOIS ROAD		City CUMBERLAND	State R.I.	Zip 02864	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WILLIAM L. KEEFE		Vice-President Name PATRICIA A KEEFE			
Street Address 140 IROQUOIS RD		Street Address 140 IROQUOIS RD			
City CUMBERLAND	State R.I.	Zip 02864	City CUMBERLAND	State R.I.	Zip 02864
Secretary Name PATRICIA A KEEFE		Treasurer Name WILLIAM L. KEEFE			
Street Address 140 IROQUOIS RD		Street Address 140 IROQUOIS RD			
City CUMBERLAND	State R.I.	Zip 02864	City CUMBERLAND	State R.I.	Zip 02864
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 WILLIAM L. KEEFE		Director Name ROSE MARIE FERRI			
Street Address 140 IROQUOIS RD		Street Address 4200 FLAMINGO CREST D			
City CUMBERLAND	State RI	Zip 02864	City LAS VEGAS	State NV	Zip 89121
Director Name PATRICIA A KEEFE		Director Name			
Street Address 140 IROQUOIS RD		Street Address			
City CUMBERLAND	State R.I.	Zip 02864	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

FILED

JUN 08 2015

File Date _____

Check No _____

By: _____

BY 1005

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 L Keefe 6/5/15
Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

WILLIAM L. KEEFE PRESIDENT
Print or Type Name of Officer or Authorized Representative