



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. 94895		2. Exact name of the Corporation Sachem Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To make contributions to charitable organizations			
5. Principal office address 90 Elm Street		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Frank Mauran		Vice-President Name			
Street Address 109 Benefit Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Frank Mauran IV		Treasurer Name Paul W. Whyte			
Street Address 151 Power Street		Street Address 83F Nipmuc Trail			
City Providence	State RI	Zip 02906	City North Providence	State RI	Zip 02904
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 Frank Mauran		Director Name Pauline C. Metcalf			
Street Address 109 Benefit Street		Street Address 375 Mail Road			
City Providence	State RI	Zip 02903	City Exeter	State RI	Zip 02822
Director Name Frank Mauran IV		Director Name Paul W. Whyte			
Street Address 151 Power Street		Street Address 83F Nipmuc Trail			
City Providence	State RI	Zip 02906	City North Providence	State RI	Zip 02904
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

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.

File Date: JUN 08 2015
Checked By: [Signature]
By: [Signature]
(FOR SECRETARY OF STATE USE ONLY)

481
[Signature]
Signature of Officer or Authorized Representative
Date: 6/5/15

Paul W. Whyte

Print or Type Name of Officer or Authorized Representative

EXHIBIT A

**Sachem Foundation
ID# 94895**

Assistant Secretary: Lorraine A. Viviano
39 Villa Avenue
North Providence, RI 02904

FILED
JUN 08 2015
BY 94895