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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.	2. Exact name of the Corporation
674956	**Derrick Cazard Foundation**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**See Exhibit A attached hereto.**

5. Principal office address	City	State	Zip
P.O. Box 1013	**Newport**	**RI**	**02840**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Kevin Bitar			**Deborah Saboya**		
Street Address			Street Address		
48 A Street			**160 Bristol Ferry Road**		
City	State	Zip	City	State	Zip
Lowell	**MA**	**01851**	**Portsmouth**	**RI**	**02871**
Secretary Name			Treasurer Name		
Kaitlin McFadden			**Benjamin Heebner**		
Street Address			Street Address		
378 Harvard Street			**18 Claymoss Road**		
City	State	Zip	City	State	Zip
Cambridge	**MA**	**02138**	**Brighton**	**MA**	**02135**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☑

Director Name			Director Name		
Ann Withorn			**Benjamin Heebner**		
Street Address			Street Address		
143 Winchester Street			**18 Claymoss Road**		
City	State	Zip	City	State	Zip
Brookline	**MA**	**02446**	**Brighton**	**MA**	**02135**
Director Name			Director Name		
Deborah Saboya			**Kevin Bitar**		
Street Address			Street Address		
160 Bristol Ferry Road			**48 A Street**		
City	State	Zip	City	State	Zip
Portsmouth	**RI**	**02871**	**Lowell**	**MA**	**01851**

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 19 2015
BY 251250

File Date _____

Check No _____

By: _____

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2015 JUN 19 AM 9:58

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.

Deborah Saboya 6-11-15
Signature of Officer or Authorized Representative Date

Deborah Saboya, Vice President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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