



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.<br><b>524927</b>                                                                                                                                                 |       | 2. Exact name of the Corporation<br><b>Make-A-Wish Foundation of Massachusetts and Rhode Island, Inc.</b>                                                                                    |      |                    |                     |
| 3. State of Incorporation<br><b>MA</b>                                                                                                                                            |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>To grant wishes to children with life threatening medical conditions between the ages of 2 1/2 and 18.</b> |      |                    |                     |
| 5. Principal office address<br><b>One Bulfinch Place, 2nd Floor</b>                                                                                                               |       | City<br><b>Boston</b>                                                                                                                                                                        |      | State<br><b>MA</b> | Zip<br><b>02114</b> |
| <b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>                                                                    |       |                                                                                                                                                                                              |      |                    |                     |
| President Name                                                                                                                                                                    |       | Vice-President Name                                                                                                                                                                          |      |                    |                     |
| Street Address                                                                                                                                                                    |       | Street Address                                                                                                                                                                               |      |                    |                     |
| City                                                                                                                                                                              | State | Zip                                                                                                                                                                                          | City | State              | Zip                 |
| Secretary Name                                                                                                                                                                    |       | Treasurer Name                                                                                                                                                                               |      |                    |                     |
| Street Address                                                                                                                                                                    |       | Street Address                                                                                                                                                                               |      |                    |                     |
| City                                                                                                                                                                              | State | Zip                                                                                                                                                                                          | City | State              | Zip                 |
| <b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |                                                                                                                                                                                              |      |                    |                     |
| Director Name                                                                                                                                                                     |       | Director Name                                                                                                                                                                                |      |                    |                     |
| Street Address                                                                                                                                                                    |       | Street Address                                                                                                                                                                               |      |                    |                     |
| City                                                                                                                                                                              | State | Zip                                                                                                                                                                                          | City | State              | Zip                 |
| Director Name                                                                                                                                                                     |       | Director Name                                                                                                                                                                                |      |                    |                     |
| Street Address                                                                                                                                                                    |       | Street Address                                                                                                                                                                               |      |                    |                     |
| City                                                                                                                                                                              | State | Zip                                                                                                                                                                                          | City | State              | Zip                 |
| <b>8. REGISTERED AGENT IN RHODE ISLAND</b>                                                                                                                                        |       |                                                                                                                                                                                              |      |                    |                     |
| 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**

File Date **JUN 19 2015**

Check No. **BY 32736**

FOR SECRETARY OF STATE USE ONLY

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.

*Charlotte Beattie* **6/9/15**  
Signature of Officer or Authorized Representative Date

**Charlotte Beattie**

Print or Type Name of Officer or Authorized Representative

**Make-A-Wish Foundation® of Massachusetts and Rhode Island**  
**Board of Directors**  
**2014 - 2015**

**Rhode Island ID# 524927**

**OFFICERS**

**Chairman**

**Robert L. Paglia**, *Gordon Brothers Group*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Vice Chairman**

**Kevin J. O'Connell**, *Verrill Dana LLP*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Treasurer**

**Jean Notis-McConarty**, *PricewaterhouseCoopers LLP (Ret.)*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**DIRECTORS**

**Steve Barnes**, *Bain Capital LLC*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Jen Flynn**, *Boston Red Sox*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Carlos M. Garcia**, *BayBoston Capital LLC*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Philip T. Glynn, M.D.**, *Mercy Hospital*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Mark A. Herman**, *Goldman, Sachs & Co*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Daniel A. Kraft**, *The Kraft Group*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**William Loehning**, *Barrington, Rhode Island*  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**FILED**  
**JUN 19 2015**  
**BY 524927**

**Make-A-Wish Foundation® of Massachusetts and Rhode Island  
Board of Directors  
2014 -- 2015 (Continued)**

**James Mattie, PricewaterhouseCoopers LLP**  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Kim McCaslin, Bain Capital LLC**  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Kenneth V. McGraime, Wellesley, Massachusetts**  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Lori Nelson, Bolton, Massachusetts**  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Andrew Rees, Crocs, Inc.**  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Reza Taleghani, J.P. Morgan Securities LLC**  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**Cheryl L. Wilkinson, The Colony Group**  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**CLERK**

**Linda Groves, Esq. (Non-voting), Groves Law LLC**  
One Bulfinch Place, 2<sup>nd</sup> Floor  
Boston, MA 02114

**FILED**

**JUN 19 2015**

**BY** 524927