

1. Entity ID No.

MΑ

524927

3. State of Incorporation

5. Principal office address
One Bulfinch Place, 2nd Floor

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

Make-A-Wish Foundation of Massachusetts and Rhode Island, Inc.

City **Boston**

To grant wishes to children with life threatening medical conditions between the ages

State MA

Zip **02114**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

2. Exact name of the Corporation

of 2 1/2 and 18.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

4. Brief description of the character of business conducted in Rhode Island

6. LIST <u>ALL</u> OFFICEI	RS (NAMES AND ADDR	ESSES) ("X" BOX FO	R ATTACHMENT)			
President Name			Vice-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	
7. LIST <u>ALL</u> DIRECTO ("X" BOX FOR ATT	URS (NAMES AND ADD TACHMENT). □	RESSES). RHODE ISI	AND CORPORATIONS <u>MUST</u>	LIST NO LESS THAN	THREE (3) DIRECTORS	
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	
a ara-ar-ar-ar-ar-ar-ar-ar-ar-ar-ar-ar-ar-	NT IN RHODE ISLAND	Asia artigan asian sang bankara.				
			ry of State. Changes require fi			
i his report must be sigi or Trustee			cretary, Assistant Secretary, Trea	surer, duly Authorized I	Hepresentative, Heceiver	
		FILED				
File Date JUN 1 9 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.			
Check No		32736	ρ	P	6/9/15	
By:		<u> </u>	Signature of Officer or A	Authorized Representati	ive Date	
FOR SECRETARY OF STATE USE ONLY			Charlotte Beattie	Charlotte Beattie		
Form No. 631 Revised: 04/2014			Print or Type Name of C	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

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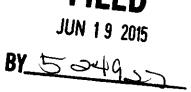
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Make-A-Wish Foundation® of Massachusetts and Rhode Island Board of Directors 2014 - 2015 (Continued)

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CLERK

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Boston, MA 02114



