



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000936517

**2. Name of Corporation** The Paula Bonner Foundation

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 85  
BURGOYNE DR  
City or Town: WARWICK State: RI Zip: 02889 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 85 BURGOYNE DR  
City or Town: WARWICK State: RI Zip: 02889 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO OPERATE AS A PUBLIC CHARITY, RAISE AND DONATE FUNDS FOR EDUCATIONAL AND MEDICAL PURPOSES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	DIANA E PEARSON	PO BOX 178 EAST GREENWICH, RI 02818 USA
OTHER OFFICER	ANNE MCCRANN	85 BURGOYNE DR

		WARWICK, RI 02889 UNI
DIRECTOR	ANNE MCCRANN	85 BURGOYNE DRIVE WARWICK, RI 02889 USA
DIRECTOR	GLORIA ROSSITER	15 SPRING BROOK DRIVE WARWICK, RI 02889 USA
DIRECTOR	SUSAN DONAHUE	276 MENDON ROAD SUTTON, MA 01590 USA
DIRECTOR	DANIELLE GAMACHE	276 MENDON ROAD SUTTON, MA 01590 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANNE MCCRANN 85 BURGOYNE DRIVE WARWICK , RI 02889

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 25 Day of June, 2015 at 10:33:17 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By ANNE MCCRANN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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