



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. 41106		2. Exact name of the Corporation The Winter Family Foundation	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Providing funding for other organizations which qualify as exempt organizations under section 501(c)(3) of the IRS Code	
5. Principal office address 301 Promenade Street		City Providence	State RI
		Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Michael P. Winter		Vice-President Name none	
Street Address 3608 Tower Hill Road		Street Address	
City Wakefield	State RI	Zip 02879	City Wakefield
Secretary Name Thomas J. Winter, Jr.		Treasurer Name Michael P. Winter	
Street Address 35 Barber Heights Avenue		Street Address 3608 Tower Hill Road	
City Saunders town	State RI	Zip 02874	City Wakefield
		State RI	Zip 02879
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 Michael P. Winter (Trustee)		Director Name Thomas J. Winter, Jr. (Trustee)	
Street Address 3608 Tower Hill Road		Street Address 35 Barber Heights Avenue	
City Wakefield	State RI	Zip 02879	City Saunders town
Director Name Thomas J. Winter (Trustee)		Director Name Kathleen M. Winter	
Street Address 35 Barber Heights Avenue		Street Address 506 Sloop Way	
City Saunders town	State RI	Zip 02874	City Nokomis
		State FL	Zip 34275
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 30 2015

BY CA 251977

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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative