



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. <b>105627</b>		2. Exact name of the Corporation <b>Jonathan M. Nelson Family Foundation</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>Operated exclusively for charitable, religious or scientific purposes within the meaning of Section 501(c)(3) of the IRS Code.</b>			
5. Principal office address <b>50 KENNEDY PLAZA, 18TH FLOOR</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02903</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JONATHAN M. NELSON</b>			Vice-President Name <b>NONE</b>		
Street Address <b>C/O 50 KENNEDY PLAZA, 18TH FLOOR</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>A. MAX KOHLENBERG</b>			Treasurer Name <b>JONATHAN M. NELSON</b>		
Street Address <b>ONE FINANCIAL PLAZA, SUITE 1600</b>			Street Address <b>C/O 50 KENNEDY PLAZA, 18TH FLOOR</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
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 <b>JONATHAN M. NELSON</b>			Director Name <b>DAVID K. DUFFELL</b>		
Street Address <b>C/O 50 KENNEDY PLAZA, 18TH FLOOR</b>			Street Address <b>C/O WEIL GOTSHAL &amp; MANGES, LLP, 50 KENNEDY PLAZA</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>JANE S. NELSON</b>			Director Name		
Street Address <b>311 FREEMAN PARKWAY</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
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.					

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 JUN 30 PM 4:03

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

File Date \_\_\_\_\_

**FILED**

Check No \_\_\_\_\_

**JUN 30 2015**

By: \_\_\_\_\_

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.

*A. Max Kohlenberg*      **6/29/15**  
 Signature of Officer or Authorized Representative      Date

FOR SECRETARY OF STATE USE ONLY *251980*

**A. MAX KOHLENBERG, SECRETARY**

Print or Type Name of Officer or Authorized Representative