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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.	2. Exact name of the Corporation
567432	**The George and Mary Agostini Family Foundation, Inc.**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **To make contributions to charities exempt from federal taxation under IRC 501(c)(3)**

5. Principal office address	City	State	Zip
243 Narragansett Park Drive	**East Providence**	**RI**	**02916**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
George L. Agostini	**145 Sykes Road**	**Seekonk**	**MA**	**02771**

Vice-President Name	Street Address	City	State	Zip
Mary J. Agostini	**145 Sykes Road**	**Seekonk**	**MA**	**02771**

Secretary Name	Street Address	City	State	Zip
Paula J. Bizier	**101 Cameron Way**	**Rehoboth**	**MA**	**02769**

Treasurer Name	Street Address	City	State	Zip
Paula J. Bizier	**101 Cameron Way**	**Rehoboth**	**MA**	**02769**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
George L. Agostini	**145 Sykes Road**	**Seekonk**	**MA**	**02771**

Director Name	Street Address	City	State	Zip
Mary J. Agostini	**145 Sykes Road**	**Seekonk**	**MA**	**02771**

Director Name	Street Address	City	State	Zip
Steven J. Agostini	**120 Cameron Way**	**Rehoboth**	**MA**	**02769**

Director Name	Street Address	City	State	Zip
David G. Agostini	**30 Emily Way**	**Seekonk**	**MA**	**02771**

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
JUL 02 2015
BY 1187

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.

Paula J. Bizier, Sec. 6/17/15
Signature of Officer or Authorized Representative Date

Paula J. Bizier, Secretary
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122653-8-1044130

8. Board of Trustees (Continued):

Paula J. Bizier
101 Cameron Way
Rehoboth, MA 02769