



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. 567432		2. Exact name of the Corporation 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 243 Narragansett Park Drive		City East Providence		State RI	Zip 02916
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name George L. Agostini		Vice-President Name Mary J. Agostini			
Street Address 145 Sykes Road		Street Address 145 Sykes Road			
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Paula J. Bizier		Treasurer Name Paula J. Bizier			
Street Address 101 Cameron Way		Street Address 101 Cameron Way			
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 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 George L. Agostini		Director Name Mary J. Agostini			
Street Address 145 Sykes Road		Street Address 145 Sykes Road			
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name Steven J. Agostini		Director Name David G. Agostini			
Street Address 120 Cameron Way		Street Address 30 Emily Way			
City Rehoboth	State MA	Zip 02769	City Seekonk	State MA	Zip 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 BY _____

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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

8. Board of Trustees (Continued):

Paula J. Bizier
101 Cameron Way
Rehoboth, MA 02769

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BY

567432