



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.** 000086705

**2. Name of Corporation** MAGOWN-ROBERTS MEMORIAL FUND, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1 HERCULES DRIVE

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

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

AWARDING INTEREST FREE LOANS TO ASSIST MEMBERS OF THE RHODE ISLAND AIR NATIONAL GUARD.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	EDWARD J OUELLETTE JR	30 GAYLIONE COURT CRANSTON, RI 02921 USA
TREASURER	DIANNA MARIE ADAMS	44 RIVER STREET WEST WARWICK, RI 02893 USA

SECRETARY	JILL ENELKE	104 KEACH POND DRIVE CHEPACHET, RI 02814 USA
DIRECTOR	CHARLENE MARSHALL	45 LAKE STREET MOOSUP, CT 06354 USA
DIRECTOR	RHONDA COLEMAN	11 MANILLA AVENUE WOONSOCKET, RI 02865 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**

ROBERT GERMANI, JR. 1 MINUTEMAN WAY, BOX 1 NORTH KINGSTOWN , RI 02852

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

**Signed this 20 Day of October, 2015 at 4:31:43 PM 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 DIANNA M. ADAMS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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