



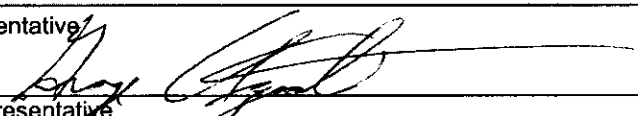
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
567432		The George & Mary Agostini Family Foundation, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		under IRC 501(c)(3) To make contributions to charities exempt from Federal Taxation			
5. Principal Office Address		City		State	Zip
243 Narragansett Park Drive		East Providence		RI	02916
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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 Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative George L. Agostini 					Date 04.18.16
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

FILED

APR 22 2016
BY KL 1218