



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			
43894		Doreen A. Tomlinson Foundation			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Afford school tuition for four girls at St. Raphael Academy			
5. Principal Office Address		City	State	Zip	
9 Blue Mist Dr		Manville	RI	02830	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jo-Ann M. Enander		Vice-President Name John W. Tomlinson			
Street Address 9 Blue Mist Dr		Street Address 9 Blue Mist Dr			
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Alice G Tomlinson		Treasurer Name Jo-Ann Enander			
Street Address 9 Blue Mist Dr		Street Address 9 Blue Mist DR			
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
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 David C. Tomlinson		Director Name Robert Tomlinson			
Street Address 14 Lee Ave.		Street Address 8 Stone Bridge Dr.			
City No. Providence	State RI	Zip 02804	City Cumberland	State RI	Zip 02864
Director Name Mr. Daniel Richard		Director Name			
Street Address 123 Walcott St		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Jo-Ann M Enander				Date 5/11/16	
Signature of Officer/Authorized Representative 					

FILED

MAY 16 2016

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