



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: 2016

1. Corporate ID No. 000008705

2. Name of Corporation FREDERICK C. TANNER MEMORIAL FUND, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: CITIZENS BANK
ONE CITIZENS PLAZA

City or Town: PROVIDENCE State: RI Zip: 02903 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

DISTRIBUTE GRANTS TO CERTIFIED IRS CHARITABLE INSTITUTIONS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	LAWRENCE KNOWLES	60 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
TREASURER	PAUL MOONEY	39 DROWNE PARKWAY RUMFORD, RI 02916 USA

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VICE PRESIDENT	WILLIAM LUNNIE	79 SHERMAN AVE SEEKONK, MA 02771 USA
DIRECTOR	BRADLEY STEERE	BOX 315 CHEPACHET, RI 02814 USA
DIRECTOR	RUSSELL BOSS	4 PEAKED ROCK RD NARRAGANSETT, RI 02882 USA
DIRECTOR	JOHN GORHAM	PO BOX 46 NORTH SCITUATE, RI 02857 USA
DIRECTOR	JOHN DREW	2 ANGELL COURT WARWICK, RI 02889 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**

F. PAUL MOONEY, JR. 39 DROWNE PARKWAY RUMFORD , RI 02916

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

Signed this 18 Day of May, 2016 at 8:17:13 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 PAUL MOONEY
Signature of Authorized Person

Form No. 631
Revised 09/07