



**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

**Foreign Non-Profit
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. 000125636

2. Name of Corporation FAMILY FINANCIAL EDUCATION FOUNDATION

3. State of Incorporation

State: WY

4. Corporate Address in Rhode Island

No. and Street: 724 FRONT STREET, SUITE 340

City or Town: EVANSTON, WY

State: RI Zip: 82930 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 724 FRONT STREET, SUITE 340

City or Town: EVANSTON State: WY Zip: 82930 Country: UNI

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

TO PROVIDE DEBT-POOLING SERVICES FOR INDIVIDUALS LIVING IN RHODE ISLAND.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
GENERAL COUNSEL	SHELDON A SMITH	724 FRONT STREET, SUITE 340 EVANSTON, WY 82930 USA
DIRECTOR	CRAIG BARLOW WELLING	3018 SOUTH HIGHWAY 150 EVANSTON, WY 82930 USA
PRESIDENT	WILLIAM RICHARDS CLUNY	343 GAGE AVENUE EVANSTON, WY 82930- USA
GENERAL COUNSEL	SHELDON A SMITH	724 FRONT STREET, SUITE 340 EVANSTON, WY 82930 UNI

DIRECTOR	JOHN CHARLES PHILLIPS	2766 DANVILLE DRIVE SANDY, UT 84092 USA
DIRECTOR	DONALD RAY FRAKES	307 HERSCHLER AVENUE EVANSTON, WY 82930 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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 19 Day of May, 2016 at 3:24:30 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 SHELDON A SMITH
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved