



**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			
977402		THE FRANCIS PECK CHARITABLE FOUNDATION			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		MAKE DISTRIBUTIONS TO 501(3) ORGANIZATIONS			
5. Principal Office Address			City	State	Zip
136 CARROLL AVENUE			NEWPORT	RI	02840
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name FRANCIS PECK			Vice-President Name		
Street Address 1 BANCROFT DRIVE			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name JEREMIAH C. LYNCH III			Treasurer Name LOUIS G. MURPHY JR.		
Street Address 31 HARRIS AVENUE			Street Address 136 CARROLL AVENUE		
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840
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 FRANCIS PECK			Director Name LOUIS G. MURPHY JR.		
Street Address 1 BANCROFT DRIVE			Street Address 136 CARROLL AVENUE		
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840
Director Name JEREMIAH C. LYNCH III			Director Name		
Street Address 31 HARRIS AVENUE			Street Address		
City PORTSMOUTH	State RI	Zip 02871	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.					
<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					Date
Louis G. MURPHY, JR.					05/17/2016
Signature of Officer/Authorized Representative					
<i>Louis G. Murphy, Jr. Treasurer</i>					

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