



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. 000160246

2. Name of Corporation THE BARRY WALSH AND FRIENDS FOUNDATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 54 DIXON ST
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 54 DIXON ST
City or Town: NEWPORT State: RI Zip: 02840 Country:

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

TO RAISE MONEY FOR THE BENEFIT AND USE OF THE FOUNDATION IN ACHIEVING ITS CHARITABLE GOALS AND OBJECTIVES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ROBERT WALSH	54 DIXON ST. APT.B NEWPORT, RI 02840 USA
SECRETARY	DONNA PRESCOTT	424 WOLCOTT AVE MIDDLETOWN, RI 02842 USA

TREASURER	DANIEL PRESCOTT	424 WOLCOTT AVE MIDDLETOWN, RI 02840 USA
DIRECTOR	ROBERT WALSH	54 DIXON ST APT B NEWPORT, RI 02840 USA
DIRECTOR	WILLIM VALENTE	260 ALLSTON AVE MIDDLETOWN, RI 02840 US
DIRECTOR	DONNA PRESCOTT	424 WOLCOTT AVENUE MIDDLETOWN, RI 02842 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**

PATRICIA ANTONELLI, ESQ. PARTRIDGE SNOW & HAHN LLP 40 WESTMINSTER STREET, SUITE
1100 PROVIDENCE , RI 02903

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

**Signed this 2 Day of June, 2016 at 2:30:31 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 ROBERT WALSH
Signature of Authorized Person

Form No. 631
Revised 09/07