RI SOS Filing Number: 201600007860 Date: 06/06/2016 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
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 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
798503	**STEVEN K. LATIMER MEMORIAL FOUNDATION**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **To offer assistance and support to children who have lost a family member through an act of violence. Exclusively for charitable and educational purposes.**

5. Principal office address	City	State	Zip
64 Glover Street	**Providence**	**RI**	**02908**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
TARA M. LATIMER	**N/A**
Street Address: **46 VICTORIA ST.**	Street Address:
City: **PROVIDENCE** State: **RI** Zip: **02909**	City: State: Zip:
Secretary Name: **DWAYNE KEYS**	Treasurer Name: **J. DANIEL HARNETT**
Street Address: **391 PINE ST. UNIT 3**	Street Address: **ONE TURKS HEAD PLACE, 16TH FLOOR**
City: **PROVIDENCE** State: **RI** Zip: **02903**	City: **Providence** State: **RI** Zip: **02903**

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2016 JUN -7 AM 11:57
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CORPORATIONS DIV

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☑

Director Name	Director Name
MYRA LATIMER NICHOLAS	**KOBI DENNIS**
Street Address: **64 GLOVER ST.**	Street Address: **17 RADCLIFFE AVE.**
City: **PROVIDENCE** State: **RI** Zip: **02908**	City: **PROVIDENCE** State: **RI** Zip: **02908**
Director Name: **TAINO PALERMO**	Director Name: **DWAYNE KEYS**
Street Address: **66 MASSASOIT AVE**	Street Address: **391 PINE ST. UNIT 3**
City: **CRANSTON** State: **RI** Zip: **02905**	City: **PROVIDENCE** State: **RI** Zip: **02903**

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 07 2016
By 216074
A.A.

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.

Myra Latimer-Nicholas 5/23/2016
Signature of Officer or Authorized Representative Date

MYRA D. LATIMER / EXECUTIVE DIRECTOR
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
137817-2-1120370

ATTACHMENT TO 2016 ANNUAL REPORT
OF STEVEN K. LATIMER MEMORIAL FOUNDATION
ENTITY ID. NO. 798503

7. ADDITIONAL BOARD OF DIRECTORS:

EMANUEL BARROWS
ONE TURKS HEAD PLACE
16TH FLOOR
PROVIDENCE, RI 02903

ALBERTA LATIMER-HUNT
45 COTTAGE STREET
ROCHESTER, NY 14606

SISTER ANN KEEFE
*Honorary Lifetime Board Member

*Deceased