



**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. 000800702

2. Name of Corporation The Schmidt Family Foundation

3. State of Incorporation

State: CA

4. Corporate Address in Rhode Island

No. and Street: 53 AMERICAS CUP AVENUE

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 555 BRYANT STREET #370

City or Town: PALO ALTO State: CA Zip: 94301 Country: USA

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

TO FACILITATE ACTIVITIES RELATED TO THE 11TH HOUR RACING A WORKING PROGRAM OF THE FOUNDATION A CALIFORNIA PRIVATE FOUNDATION WHICH SUPPORTS AND ENCOURAGES ENVIRONMENTALLY SOUND METHODS OF REGATTA RACING, AMONGST OTHER CHARITABLE ACTIVITIES

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
PRESIDENT	WENDY SCHMIDT	555 BRYANT STREET, #370 PALO ALTO, CA 94301 USA
SECRETARY	W ARTHUR	555 BRYANT STREET, #370 PALO ALTO, CA 94301 USA
CFO	JEANNE W HUEY	555 BRYANT ST., #370

		PALO ALTO, CA 94301 USA
VICE PRESIDENT	E SCHMIDT	555 BRYANT ST. #370 PALO ALTO, CA 94301 USA
DIRECTOR	A RAO	555 BRYANT STREET, #370 PALO ALTO, CA 94301 USA
DIRECTOR	S SCHMIDT	555 BRYANT STREET, #370 PALO ALTO, CA 94301 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

JEREMY POCHMAN 53 AMERICAS CUP AVENUE NEWPORT , RI 02840

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

Signed this 9 Day of June, 2016 at 5:55:03 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 JEANNE HUEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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