



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 26229		2. Exact name of the Corporation The Hassenfeld Family Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Philanthropy			
5. Principal Office Address 101 Dyer Street		City Providence	State RI	Zip 02903	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Alan G. Hassenfeld			Vice-President Name Ellen H. Block		
Street Address 101 Dyer Street			Street Address 101 Dyer Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Lori Holland			Treasurer Name Ellen H. Block		
Street Address 101 Dyer Street			Street Address 101 Dyer Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Alan G. Hassenfeld			Director Name Ellen H. Block		
Street Address 101 Dyer Street			Street Address 101 Dyer Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Lori Holland			Director Name Susan Block Casdin		
Street Address 101 Dyer Street			Street Address 101 Dyer Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Alan G. Hassenfeld				Date June 13, 2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 15 2016
BY KL 1434