



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. 000555417

2. Name of Corporation New England Patriots Charitable Foundation, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 222 JEFFERSON BOULEVARD
SUITE 200

City or Town: WARWICK State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: ONE PATRIOT PLACE

City or Town: FOXBOROUGH State: MA Zip: 02035 Country:

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

EXCLUSIVELY FOR CHARITABLE EDUCATIONAL AND SCIENTIFIC PURPOSES

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	JOSHUA M. KRAFT	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 USA
TREASURER	JOSHUA M. KRAFT	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 USA
CLERK	JOSHUA M. KRAFT	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 USA
ASSISTANT CLERK	DANIEL A. KRAFT	ONE PATRIOT PLACE

		FOXBOROUGH, MA 02035 USA
ASSISTANT CLERK	JONATHAN A. KRAFT	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 USA
CHAIRMAN OF THE BOARD	ROBERT K KRAFT	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 USA
DIRECTOR	ROBERT K. KRAFT	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 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**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI
02888

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

Signed this 21 Day of June, 2016 at 12:06:15 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 K KRAFT
Signature of Authorized Person

Form No. 631
Revised 09/07

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