



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. 000788234

2. Name of Corporation Sarah L. Gamble Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 31 DROWNE ST

City or Town: CRANSTON State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO HELP INDIVIDUALS AND FAMILIES IN NEED

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	EVA GAMBLE	31 DROWNE ST. CRANSTON, RI 02905 USA
DIRECTOR	TROY GAMBLE	96 WALDO ST. PROVIDENCE, RI 02907 USA
DIRECTOR	SHIRLEY GAMBLE	204 CROSS ST.

		CENTRAL FALLS, RI 02862 USA
DIRECTOR	YVETTE GAMBLE	96 WALDO ST. PROVIDENCE, RI 02907 USA
DIRECTOR	GEORGEANNA GAMBLE	166 FAWNDALE RD ROSLINDALE, MA 02131 USA
DIRECTOR	EVA GAMBLE	31 DROWNE ST. CRANSTON, RI 02905 USA
DIRECTOR	MARIE GAMBLE	31 DROWNE ST CRANSTON, RI 02905 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**

EVA M. GAMBLE 31 DROWNE STREET CRANSTON , RI 02905

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

Signed this 24 Day of June, 2016 at 12:48:20 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 EVA GAMBLE
Signature of Authorized Person

Form No. 631
Revised 09/07