



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
41069		The John and Karin McCormick Foundation Inc			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Receive Administer and distribute funds for charitable purposes.			
5. Principal Office Address		City	State	Zip	
3 Pawcatuck Avenue		Watch Hill	R.I.	02891	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Karin McCormick		Vice-President Name Brian McCormick			
Street Address 3 Pawcatuck Aveune		Street Address 18 Indian Spring Rd			
City Watch Hill	State R.I.	Zip 02891	City Rowayton	State Ct	Zip 06853
Secretary Name Lisa McCormick Mannix		Treasurer Name			
Street Address 32 Forge Road		Street Address			
City Wilton	State Ct	Zip 06897	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Lisa Mannix		Director Name Brian McCormick			
Street Address 32 Forge Rd		Street Address 18 Indian Spring Rd			
City Wilton	State Ct	Zip 06897	City Rowayton	State Ct	Zip 06853
Director Name Karin McCormick		Director Name			
Street Address 3 Pawcatuck Ave		Street Address			
City Watch Hill	State RI	Zip 02891	City	State	Zip
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				Date	
Karin McCormick				6/2/16	
Signature of Officer/Authorized Representative					

FILED

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