



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. 000705495

2. Name of Corporation Marasco & Nesselbush Charitable Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 685 WESTMINSTER STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 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 SUPPORT RHODE ISLAND AND LOCAL NON-PROFIT ORGANIZATIONS WITH DONATIONS AND FUNDRAISERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH P. MARASCO	685 WESTMINSTER ST. PROVIDENCE, RI 02903 USA
VICE-PRESIDENT	DONNA M. NESSELBUSH	685 WESTMINSTER ST. PROVIDENCE, RI 02903 USA

DIRECTOR	JOSEPH P MARASCO	685 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	DONNA M NESSELBUSH	685 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	STEPHANIE GALLIGAN	685 WESTMINSTER STREET PROVIDENCE, RI 02903 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**

ERIC P.W. HALL 685 WESTMINSTER STREET PROVIDENCE , RI 02903

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

Signed this 7 Day of July, 2016 at 1:05:59 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 ROBIN A. VELIU
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved