



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. 000486635

2. Name of Corporation Nicole McConnell Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 105 TOWN FARM ROAD

City or Town: PASCOAG

State: RI Zip: 02859 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 HONOR THE MEMORY OF NICOLE MCCONNELL BY RAISING FUNDS TO CREATE CHARITIES IN NICOLE'S NAME INCLUDING A YEARLY SCHOLARSHIP TO A BURRILVILLE HIGH SCHOOL SENIOR, AND DONATIONS TO FURTHER THE STUDY OF HEREDITARY HEMORRHAGIC TELANGIECTASIA

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	SHANE MCCONNELL	83 KENNEDY LANE HARRISVILLE, RI 02830 USA

TREASURER	TINA PICHIE	PO BOX 0640 HARRISVILLE, RI 02830 USA
VICE PRESIDENT	TERRI A LACEY	105 TOWN FARM ROAD PASCOAG, RI 02859 USA
DIRECTOR	JOAN SABELLA	CHAPEL ST. HARRISVILLE , RI 02830 US
DIRECTOR	AVA WOODS	PO BOX 391 PASCOAG, RI 02859 USA
DIRECTOR	GAIL LEMEK	PO BOX 521 HARRISVILLE , RI 02830 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**

TERRI A. LACEY 105 TOWN FARM ROAD PASCOAG , RI 02859

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

Signed this 28 Day of July, 2016 at 10:47:28 AM 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 TERRI LACEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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