



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>799358</u>		2. Exact name of the Corporation <u>Warren Heritage Foundation</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>historic restoration in town of Warren, R.I.</u>			
5. Principal Office Address <u>14 Washington St.</u>		City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Marcia Blount</u>		Vice-President Name <u>Julie Blount</u>			
Street Address <u>14 Washington St.</u>		Street Address <u>11 Wheaton Street</u>			
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>
Secretary Name <u>Alexander Scott</u>		Treasurer Name <u>Marcia Blount</u>			
Street Address <u>30 State St.</u>		Street Address <u>14 Washington St.</u>			
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>Marcia Blount</u>		Director Name <u>Julie Blount</u>			
Street Address <u>14 Washington St.</u>		Street Address <u>11 Wheaton St.</u>			
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>
Director Name <u>Alexander Scott</u>		Director Name			
Street Address <u>30 State St.</u>		Street Address			
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	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 <u>Marcia Blount</u>				Date <u>12/21/2016</u>	
Signature of Officer/Authorized Representative <u>Marcia Blount</u>				SIGN DOCUMENT HERE	

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DEC 27 2016

By 208

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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FORM 631 - Revised: 05/2016