



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>952710</u>		2. Exact name of the Corporation <u>Nathan D. Crowell Memorial Fund, Inc.</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Non-profit to raise money for local sports, education &amp; cancer</u>	
5. Principal Office Address <u>6 Roseland Ct.</u>		City <u>Riverside</u>	State <u>RI</u> Zip <u>02915</u>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Leah Crowell</u>		Vice-President Name <u>David Crowell</u>	
Street Address <u>65 Gerald St.</u>		Street Address <u>147 Burnside Ave. Apt 1</u>	
City <u>Riverside</u>	State <u>RI</u>	City <u>Riverside</u>	State <u>RI</u> Zip <u>02915</u>
Secretary Name <u>Sarah Stringer</u>		Treasurer Name <u>Sarah Stringer</u>	
Street Address <u>6 Roseland Ct.</u>		Street Address <u>6 Roseland Ct.</u>	
City <u>Riverside</u>	State <u>RI</u>	City <u>Riverside</u>	State <u>RI</u> Zip <u>02915</u>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Leah Crowell</u>		Director Name <u>David Crowell</u>	
Street Address <u>65 Gerald St.</u>		Street Address <u>147 Burnside Ave. Apt. 1</u>	
City <u>Riverside</u>	State <u>RI</u>	City <u>Riverside</u>	State <u>RI</u> Zip <u>02915</u>
Director Name <u>Sarah Stringer</u>		Director Name <u>Ian Stringer</u>	
Street Address <u>6 Roseland Ct.</u>		Street Address <u>6 Roseland Ct.</u>	
City <u>Riverside</u>	State <u>RI</u>	City <u>Riverside</u>	State <u>RI</u> Zip <u>02915</u>
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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>Leah Crowell</u>		Date <u>1/17/17</u>	
Signature of Officer/Authorized Representative <u>Leah Crowell</u>			

FILED

JAN 20 2017

BY

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FORM 631 - Revised 05/2016

MAIL TO:

Division of Business Services

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