



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 952710		2. Exact name of the Corporation Nathan D. Crowell Memorial Fund, Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-profit to raise money for local sports, education & cancer	
5. Principal Office Address 6 Roseland Ct.		City Riverside	State RI
		Zip 02915	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Leah Crowell		Vice-President Name David Crowell	
Street Address 65 Gerald St.		Street Address 147 Burnside Ave. Apt 1	
City Riverside	State RI	City Riverside	State RI
Zip 02915		Zip 02915	
Secretary Name Sarah Stringer		Treasurer Name Sarah Stringer	
Street Address 6 Roseland Ct.		Street Address 6 Roseland Ct.	
City Riverside	State RI	City Riverside	State RI
Zip 02915		Zip 02915	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Leah Crowell		Director Name David Crowell	
Street Address 65 Gerald St.		Street Address 147 Burnside Ave. Apt. 1	
City Riverside	State RI	City Riverside	State RI
Zip 02915		Zip 02915	
Director Name Sarah Stringer		Director Name Ian Stringer	
Street Address 6 Roseland Ct.		Street Address 6 Roseland Ct.	
City Riverside	State RI	City Riverside	State RI
Zip 02915		Zip 02915	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Leah Crowell			Date 1/17/17
Signature of Officer/Authorized Representative Leah Crowell			

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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