



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.

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1. Entity ID Number 000529686		2. Exact name of the Corporation THE DEREKA CROSBY FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island EXCLUSIVELY FOR CHARITABLE PURPOSES			
5. Principal Office Address 8 PARKER STREET		City LINCOLN		State RI	Zip 02865
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SEAN J CLOUGH			Vice-President Name NONE		
Street Address 12 BRAYTON ROAD			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name NONE			Treasurer Name ROBERT VIGORITA		
Street Address			Street Address 55 KRISTEN CT		
City	State	Zip	City WARWICK	State RI	Zip 02888
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 BARBARA CROSBY			Director Name RON BEAUDOIN		
Street Address 8 PARKER ST			Street Address 205 GREAT ROAD		
City LINCOLN	State RI	Zip 02865	City NORTH SMITHFIELD	State RI	Zip 02896
Director Name EMILY RAYMOND			Director Name NANCY ALVES		
Street Address 200 MAIN STREET			Street Address 148 FEDERAL ST		
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02903
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 <i>Chair - Board of Trustees BARBARA CROSBY</i>					Date <i>4.2.17</i>
Signature of Officer/Authorized Representative <i>Barbara A Crosby</i>					FILED

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BY *300167*