



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**

## 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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R.I. DEPT. OF STATE  
BUSINESS SERVICES DIV.

1. Entity ID Number <b>000150823</b>		2. Exact name of the Corporation <b>The Faxon Foundation</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Providing assistance of every type and nature to individuals in need.</b>			
5. Principal Office Address <b>144 Westminster Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
6. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>Bradford J Faxon, Jr</b>			Vice-President Name		
Street Address <b>144 Westminster Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>William J Piccerelli</b>			Treasurer Name <b>William J Piccerelli</b>		
Street Address <b>144 Westminster Street</b>			Street Address <b>144 Westminster Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <b>William J Piccerelli</b>			Director Name <b>Dorothea R Faxon</b>		
Street Address <b>144 Westminster Street</b>			Street Address <b>144 Westminster Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Bradford J Faxon, Jr</b>			Director Name		
Street Address <b>144 Westminster Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	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.					
<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 <b>William J. Piccerelli</b>				Date <b>5/17/17</b>	
Signature of Officer/Authorized Representative <i>William J. Piccerelli</i>				<b>FILED</b>	

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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FORM 631 - Revised: 02/2017