



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.

2017 MAY 19 AM 10:51
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIV.

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

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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