



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.

 FILED
 R.I. DEPT. OF STATE
 BUSINESS DIV.

2017 MAY 26 PM 1:01

1. Entity ID Number 001664952		2. Exact name of the Corporation Paul F. and Joyce Kilmartin Beneficent Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To operate exclusively for charitable, educational and scientific purposes			
4. NAICS Code 813211 - Grantmaking Foun					
6. Principal Office Address 55B Nayatt Point			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul F. Kilmartin			Vice-President Name		
Street Address 55B Nayatt Point			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Heather Kilmartin			Treasurer Name Joyce Kilmartin		
Street Address 26 Chapel Road			Street Address 55B Nayatt Point		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. 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 Paul F. Kilmartin			Director Name Joyce Kilmartin		
Street Address 55B Nayatt Point			Street Address 55B Nayatt Point		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Heather Kilmartin			Director Name		
Street Address 26 Chapel Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
9. 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 Paul F. Kilmartin					Date May _____, 2017
Signature of Officer/Authorized Representative 					

FILED

MAY 26 2017

 BY 304619
 A.A.