



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000028522

**2. Name of Corporation** The Mary Dexter Chafee Fund

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813211

**4. Corporate Address in Rhode Island**

No. and Street: C/O COASTLINE TRUST CO.

90 ELM STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

DONATE FUNDS FOR CHARITABLE PURPOSES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TREASURER    | MARK CHAFEE                                           | 31 PATTEN DR.<br>LITTLE COMPTON, RI 02837 USA                     |
| SECRETARY    | ARTHUR LEE                                            | 169 HIGH ST.<br>BRISTOL, RI 02809 USA                             |
| PRESIDENT    | ALEXANDRA REYNOLDS                                    | 619C MINISTERIAL ROAD<br>WAKEFIELD, RI 02879- USA                 |
| DIRECTOR     | HELEN LEE                                             | 169 HIGH ST.<br>BRISTOL, RI 02809 USA                             |
| DIRECTOR     | ELIZABETH OETTINGER                                   | 37 EVERGREEN LN.<br>MIDDLEBURY, VT 05753 USA                      |
| DIRECTOR     | ALEXANDRA REYNOLDS                                    | 619C MINISTERIAL RD.<br>WAKEFIELD, RI 02879 USA                   |
| DIRECTOR     | ARTHUR LEE                                            | 169 HIGH ST.<br>BRISTOL, RI 02809 USA                             |
| DIRECTOR     | MARK CHAFEE                                           | 31 PATTEN DR.<br>LITTLE COMPTON, RI 02837 USA                     |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

COASTLINE TRUST COMPANY 90 ELM STREET PROVIDENCE , RI 02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 4 Day of June, 2017 at 4:43:25 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By MARK H. CHAFEE  
Signature of Authorized Person

Form No. 631  
Revised 09/07