



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.

1. Entity ID Number 000103334		2. Exact name of the Corporation Thomas A Rodgers, Jr. Family Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Grant making private foundation			
4. NAICS Code 813211 - Grantmaking Foun					
6. Principal Office Address 449 Thames Street Suite 207		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sarah McNeill			Vice-President Name		
Street Address 21 Vaughan Ave			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Sarah McNeill			Treasurer Name		
Street Address 21 Vaughan Ave			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
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 Thomas Rodgers IV			Director Name Sarah McNeill		
Street Address 104 East Genesee St			Street Address 21 Vaughan Ave		
City Skaneateles	State NY	Zip 13151	City Newport	State RI	Zip 02840
Director Name Robert F. Stoico			Director Name		
Street Address 1547 Caxambas Court			Street Address		
City Marco Island	State FL	Zip 34145	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 Sarah McNeill				Date June 1, 2017	
Signature of Officer/Authorized Representative 					

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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