



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

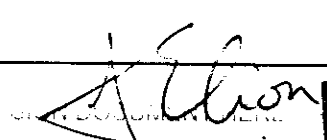
Annual Report for the year: 2017

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 141168		2. Exact name of the Corporation Gertrude B. Elion Foundation	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support works & memory of Gertrude Elion (life story, accomplishments, etc)	
4. NAICS Code 813219 - Other Grantmaking			
6. Principal Office Address 16 Field Terrace		City Narragansett	State RI Zip 02882-4529
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Jonathan L Elion		Vice-President Name NONE	
Street Address 16 Field Terrace		Street Address	
City Narragansett	State RI	Zip 02882	City State Zip
Secretary Name Kathleen R Elion		Treasurer Name Jonathan L Elion	
Street Address 16 Field Terrace		Street Address 16 Field Terrace	
City Narragansett	State RI	Zip 02882	City Narragansett State RI Zip 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Jonathan L Elion		Director Name Kathleen R Elion	
Street Address 16 Field Terrace		Street Address 16 Field Terrace	
City Narragansett	State RI	Zip 02882	City Narragansett State RI Zip 02882
Director Name Gary D Elion		Director Name	
Street Address 1204 Ojo Verde		Street Address	
City Santa Fe	State NM	Zip 87501	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 Jonathan L Elion			Date 6/1/2017
Signature of Officer/Authorized Representative  FILED			

FILED
 JUN 05 2017
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