RI SOS Filing Number: 201744872100 Date: 6/5/2017 4:00:00 PM

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	2. Exact name of the Corporation
141168	**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	City	State	Zip
16 Field Terrace	**Narragansett**	**RI**	**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.

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

Name of Officer/Authorized Representative	Date
Jonathan L Elion	**6/1/2017**

Signature of Officer/Authorized Representative: J Elion

FILED

JUN 05 2017

BY 101 05

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017