



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

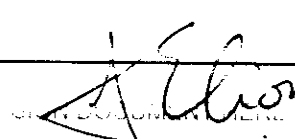
Annual Report for the year: **2017**

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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Jonathan L Elion				Date 6/1/2017	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 05 2017
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