



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 27003		2. Exact name of the Corporation THE FAIN FAMILY ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CIVIC & SOCIAL ORGANIZATION			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 505 CENTRAL AVENUE		City PAWTUCKET		State RI	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BARBARA FAIN		Vice-President Name NONE			
Street Address 55 ELLIS ROAD		Street Address			
City WEST NEWTON	State MA	Zip 02465	City	State	Zip
Secretary Name BARRY FAIN		Treasurer Name JONATHAN D. FAIN			
Street Address 48 CONGDON ST		Street Address 505 CENTRAL AVENUE			
City PROVIDENCE	State RI	Zip 02906	City PAWTUCKET	State RI	Zip 02861
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 FREDA LEHRER		Director Name JONATHAN D. FAIN			
Street Address 63 RIVERFARM ROAD		Street Address 505 CENTRAL AVENUE			
City CRANSTON	State RI	Zip 02910	City PAWTUCKET	State RI	Zip 02861
Director Name BARRY FAIN		Director Name			
Street Address 48 CONGDON ST		Street Address			
City PROVIDENCE	State RI	Zip 02906	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 D. FAIN				Date 5/25/2017	
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

FILED
JUN 05 2017
BY

FORM 631 - Revised: 05/2017