RI SOS Filing Number: 201744873530 Date: 6/5/2017 4:00:00 PM

Land Steam
LAVOR

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.

<u> </u>						
Entity ID Number     2. Exact name of the Corporation						
26229	The Hasse	The Hassenfeld Family Foundation				
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island				
RI	Philanthro	Philanthropy				
4. NAICS Code 8/32//	7					
6. Principal Office Address			City	State	Zip	
101 Dyer Street			Providence	RI	02903	
7. List ALL officers (names and a	addresses)		CI	neck the box to indicate	e an attachment	
President Name Alan G. Hassenfeld			Vice-President Name Ellen H. Block			
Street Address 101 Dyer Street			Street Address 101 Dyer Street			
City Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 02903	
Secretary Name Lori Holland			Treasurer Name Ellen H. Block			
Street Address 101 Dyer Street			Street Address 101 Dyer Street			
City Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 02903	
8. List ALL directors (names and	addresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment	
Director Name Alan G. Hassenfeld			Director Name Ellen H. Block			
Street Address 101 Dyer Street			Street Address 101 Dyer Street			
City Providence	State RI	<sup>Zip</sup> <b>02903</b>	City Providence	State RI	<sup>Zip</sup> 02903	
Director Name Lori Holland			Director Name Susan Block Casdin			
Street Address 101 Dyer Street			Street Address 101 Dyer Street			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> <b>02903</b>	
<ol><li>Registered Agent in Rhode Isla</li></ol>	and. This informati	on is currently of recor	rd in the Department of State. Char	nges require filing Form 6	<b>\$1.</b>	
Under penalty of perjury, I deci statements, and that all statem	are and affirm to ents contained	hat I have examine herein are true and	ed this report, including any a d correct.	ccompanying sched	ules and	
This report must be signed by either the Pr	esident, Vice-Preside	nt, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Rep	oresentative, Receiver or Tru	stee.	
Name of Officer/Authorized Representative				Date		
Alan G. Hassenfeld		,		June 1, 201	7	
Signature of Officer/Authorized Re		RIM	au Pa			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 5 2017

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FORM 631 - Revised: 05/2017