RI SOS Filing Number: 201744875570 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
135478	**Herma Moeller Procopiadi Foundation**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Private funding for other charitable organizations**

5. Principal Office Address	City	State	Zip
1130 Ten Rod Road, Suite D302	**No. Kingstown**	**RI**	**02852**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Robert W Moeller, Executive Trustee**			Vice-President Name **MaryAnn T Moeller, Vice Executive Trustee**		
Street Address **129 Beechwood Drive**			Street Address **129 Beechwood Drive**		
City **Cranston**	State **RI**	Zip **02921**	City **Cranston**	State **RI**	Zip **02921**
Secretary Name **MaryAnn T Moeller**			Treasurer Name		
Street Address **129 Beechwood Drive**			Street Address		
City **Cranston**	State **RI**	Zip **02921**	City	State	Zip

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Robert W Moeller**			Director Name **MaryAnn T Moeller**		
Street Address **129 Beechwood Drive**			Street Address **129 Beechwood Drive**		
City **Cranston**	State **RI**	Zip **02921**	City **Cranston**	State **RI**	Zip **02921**
Director Name **Paul A Ward, Jr**			Director Name		
Street Address **1130 Ten Rod Road, Suite D302**			Street Address		
City **No. Kingstown**	State **RI**	Zip **02852**	City	State	Zip

8. 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
Mary Ann Moeller	6-1-2017

Signature of Officer/Authorized Representative: Mary Ann Moeller

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 336 DS

FORM 631 - Revised: 02/2017