



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 726102		2. Exact name of the Corporation The Simon W. Wardwell Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-profit charitable supporting organization, fundraising			
4. NAICS Code 813211					
6. Principal Office Address 2000 Chapel View Blvd., Suite 350			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jonathan K. Farnum			Vice-President Name Kenneth W. Washburn		
Street Address 2645 Harkney Hill Road			Street Address 99 Harrison Avenue		
City Coventry	State RI	Zip 02816	City Newport	State RI	Zip 02840
Secretary Name Sandra E. Farnum			Treasurer Name Alfred P. Degen		
Street Address 2645 Harkney Hill Road			Street Address 7 Buckboard Drive		
City Coventry	State RI	Zip 02816	City Cumberland	State RI	Zip 02864
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 K. Farnum (see address above)			Director Name Kenneth W. Washburn		
Street Address 9 John Street			Street Address 99 Harrison Avenue		
City Providence	State RI	Zip 02906	City Newport	State RI	Zip 02840
Director Name Alfred P. Degen			Director Name David E. Farnum		
Street Address 7 Buckboard Drive			Street Address 2631 Harkney Hill Road		
City Cumberland	State RI	Zip 02864	City Coventry	State RI	Zip 02816
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 K. Farnum					Date 6/5/17
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

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