



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

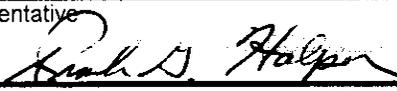
Annual Report for the year: **2017**

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 82257		2. Exact name of the Corporation FRADIN FAMILY FOUNDATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO ENHANCE AND SUPPORT CHARITABLE ACTIVITIES AND CHARITABLE ORGANIZATIONS			
4. NAICS Code 813211 - Grantmaking Foun					
6. Principal Office Address 100 WESTMINSTER STREET, SUITE 1500			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL FRADIN			Vice-President Name JAY N. ROSENSTEIN		
Street Address 355 BLACKSTONE BLVD., APT #252			Street Address 27 DRYDEN LANE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02904
Secretary Name CHARLES S. FRADIN			Treasurer Name FRANK G. HALPER		
Street Address 27 DRYDEN LANE			Street Address 27 DRYDEN LANE		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
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 JAY N. ROSENSTEIN			Director Name PAUL FRADIN		
Street Address 27 DRYDEN LANE			Street Address 355 BLACKSTONE BLVD., APT #252		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02906
Director Name FRANK G. HALPER			Director Name CHARLES S. FRADIN		
Street Address 27 DRYDEN LANE			Street Address 27 DRYDEN LANE		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
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 FRANK G. HALPER				Date 6/1/17	
Signature of Officer/Authorized Representative 				FILED JUN 09 2017 BY 386	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov