



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

Annual Report for the year:

Non-Profit Corporation

2017

→ 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 41069		2. Exact name of the Corporation The John and Karin McCormick Foundation Inc	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island <i>To receive administer and distribute funds for charitable purposes</i>	
4. NAICS Code 81			
6. Principal Office Address 3 Pawcatuck Avenue		City Watch Hill	State R.I.
		Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Karin McCormick		Vice-President Name Brian McCormick	
Street Address 3 Pawcatuck Avenue		Street Address 18 Indian Spring Rd	
City Watch Hill	State R.I.	City Rowayton	State Ct
Zip 02891		Zip 06853	
Secretary Name Lisa McCormick Mannix		Treasurer Name	
Street Address 32 Forge Rd		Street Address	
City Wilton	State Ct	City	State
Zip 06897		Zip	
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 Lisa Mannix		Director Name Brian McCormick	
Street Address 32 Forge Rd		Street Address 18 Indian Spring Rd	
City Wilton	State Ct	City Rowayton	State Ct
Zip 06897		Zip 06853	
Director Name Karin McCormick		Director Name	
Street Address 3 Pawcatuck Avenue		Street Address	
City Watch Hill	State R.I.	City	State
Zip 02891		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 Karin McCormick			Date 6/7/2017
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

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 09 2017

BY

[Signature]

FORM 631 - Revised: 05/2017