



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 <b>41069</b>		2. Exact name of the Corporation <b>The John and Karin McCormick Foundation Inc</b>			
3. State of Incorporation <b>Rhode Island</b>		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 <b>51</b>					
6. Principal Office Address <b>3 Pawcatuck Avenue</b>		City <b>Watch Hill</b>	State <b>R.I.</b>	Zip <b>02891</b>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>Karin McCormick</b>			Vice-President Name <b>Brian McCormick</b>		
Street Address <b>3 Pawcatuck Avenue</b>			Street Address <b>18 Indian Spring Rd</b>		
City <b>Watch Hill</b>	State <b>R.I.</b>	Zip <b>02891</b>	City <b>Rowayton</b>	State <b>Ct</b>	Zip <b>06853</b>
Secretary Name <b>Lisa McCormick Mannix</b>			Treasurer Name		
Street Address <b>32 Forge Rd</b>			Street Address		
City <b>Wilton</b>	State <b>Ct</b>	Zip <b>06897</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <b>Lisa Mannix</b>			Director Name <b>Brian McCormick</b>		
Street Address <b>32 Forge Rd</b>			Street Address <b>18 Indian Spring Rd</b>		
City <b>Wilton</b>	State <b>Ct</b>	Zip <b>06897</b>	City <b>Rowayton</b>	State <b>Ct</b>	Zip <b>06853</b>
Director Name <b>Karin McCormick</b>			Director Name		
Street Address <b>3 Pawcatuck Avenue</b>			Street Address		
City <b>Watch Hill</b>	State <b>R.I.</b>	Zip <b>02891</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Karin McCormick</b>				Date <b>6/7/2017</b>	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

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 09 2017

*[Handwritten initials]*

BY *[Handwritten Signature]*