RI SOS Filing Number: 201745385870 Date: 6/12/2017 4:00:00 PM

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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.

Entity ID Number	2. Exact name	2. Exact name of the Corporation					
000115707	The H. Winfie	The H. Winfield and Phyllis Tucker Family Foundation					
3. State of Incorporation		ption of the chara	cter of business conducted in l	Rhode Island			
RI	Title 7-6						
	Charitable scientific, literary, educational, or religious donations						
	1						
5. Principal Office Address			City	State	Zip		
264 Exeter Road, PO Box 2			Slocum	RI	02877		
6. List ALL officers (names and ad	Jdresses)			Check the box to indicate	an attachment		
President Name Linda D. Tucker			Vice-President Name Eve T		<del></del>		
Street Address 946 E Tuckertown Road			Street Address 946 F Tuck				
City Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State RI	Zip 02879		
Secretary Name Bonnie L'Etoile			1	Treasurer Name Linda D. Tucker			
Street Address 496 Pine Meadow Road				Street Address 946 E Tuckertown Road			
City Northfield	State MA	Zip 01360	City Wakefield	State RI	Zip 02879		
7. List ALL directors (names and a	iddresses). RI Co	rporations MUST	list at least THREE directors.				
		<u>,</u>		Check the box to indic	ate an attachment		
Director Name Linda D. Tucker			Director Name Eve T. Keer	Director Name Eve T. Keenan			
Street Address 946 E Tuckertown	Road		Street Address 946 F Tuck	Street Address 946 F Tuckertown Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	<sup>Zip</sup> 02879		
Director Name Bonnie T. L'Etoile			Director Name				
Street Address 496 Pine Meadow Road			Street Address				
City Northfield	State MA	Zip 01360	City	State	Zip		
8. Registered Agent in Rhode Islan	ıd. This information	is currently of reco	rd in the Department of State. Chr	anges require filing Form 64			
Under penalty of perjury, I declar statements, and that all statemer	re and affirm tha	at I have examine	ed this report, including any				
This report must be signed by either the Pres				Representative, Receiver or Trus	tee.		
Name of Officer/Authorized Repres			-	Date			
Linda D. Tucker				June 7, 2	017		
Signature of Officer/Authorized Rep					<u> </u>		
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1000	<u> </u>						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

