RI SOS Filing Number: 201745406700 Date: 6/12/2017 4:00:00 PM



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

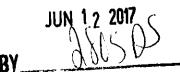
-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

				<u> </u>				
1. Entity ID Number	2. Exact name of the Corporation							
104766	American Civilization Foundation							
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island							
Rhode island	The Operation of a Museum							
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)(
5. Principal Office Address			City		State	Zip		
Vernon Court, 492 Bellevue Avenue		Newport		RI	02840			
6. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Laurence S. Cutler			Vice-President Name Jennifer Greenawalt					
Street Address 18 East 77th Street, Suite 1A			Street Address 427 Cole	Street Address 427 Colebrook Lane				
City New York	State NY	^{Zip} 10075	City Bryn Mawr		State PA	^{Zip} 19010		
Secretary Name Brian G. Bardorf	Treasurer Name Judith A. G. (A. G. Cutler		·		
Street Address 36 Washington Square		Street Address 492 Bellevue Avenue						
^{City} Newport	State RI	^{Zip} 02840	City Newport		State RI	Zip 02840		
7. List ALL directors (names and a	ddresses). RI Cor	porations MUST	list at least THREE directo		k the box to indicat	te an attachment		
Director Name Zachary W. S. Cutler			Director Name Judith A	Director Name Judith A. G. Cutler				
Street Address 18 East 77th Street, Suite 1A			Street Address 492 Bell	Street Address 492 Bellevue Avenue				
City New York	State NY	^{Zip} 10075	City Newport		State RI	^{Zip} 02840		
Director Name Andrew Goffman			Director Name					
Street Address 18 East 77th Street, Suite 1A			Street Address					
City New York	State NY	^{Zip} 10075	City		State	Zip		
8. Registered Agent in Rhode Islan	nd. This information	is currently of reco	rd in the Department of State.	Changes requ	ire filing Form 641			
Under penalty of perjury, I decla statements, and that all stateme				апу ассотра	anying schedul	es and		
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant S	Secretary, Treasurer, duly Authorize	ed Representativ	e, Receiver or Truste	e.		
Name of Officer/Authorized Representative				Date Jul 6, 2017				
Signature of Officer/Authorized Rep	presentative	Altre	ned Cetter	ıcn	***************************************			
		 						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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



FORM 631 - Revised: 02/2017