

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2017
Non-Profit Corporation	

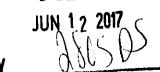
- → Filing period: June 1 June 30
  → Filing Fee: \$20.00
  → Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
104766	American C	American Civilization Foundation						
3. State of Incorporation	4. Brief descr	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	The Operati	The Operation of a Museum						
81								
5. Principal Office Address			City	State	Zip			
Vernon Court, 492 Bellevue Avenue			Newport	RI	02840			
6. List ALL officers (names an	d addresses)	· · · · · · · · · · · · · · · · · · ·		Check the box to indicate	e an attachment			
President Name Laurence S. Cutler			Vice-President Name Jennifer Greenawalt					
Street Address 18 East 77th Street, Suite 1A		Street Address 427 Colebrook Lane						
City New York	State NY	<sup>Zip</sup> 10075	City Bryn Mawr	State PA	<sup>Zip</sup> 19010			
Secretary Name Brian G. Bard	Iry Name Brian G. Bardorf		Treasurer Name Judith A. G. Cutler					
Street Address 36 Washington Square		Street Address 492 Bellevue Avenue						
<sup>City</sup> Newport	State RI	<sup>Zip</sup> 02840	City Newport	State RI	<sup>Zip</sup> 02840			
7. List ALL directors (names a	nd addresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment			
Director Name Zachary W. S. Cutler			Director Name Judith A. G. Cutler					
Street Address 18 East 77th Street, Suite 1A			Street Address 492 Bellevue Avenue					
City New York	State NY	<sup>Zip</sup> 10075	City Newport	State RI	<sup>Zip</sup> 02840			
Director Name Andrew Goffman			Director Name					
Street Address 18 East 77th Street, Suite 1A		Street Address						
City New York	State NY	<sup>Zip</sup> 10075	City	State	Zip			
8. Registered Agent in Rhode	Island. This information	on is currently of reco	ord in the Department of State. Ch	nanges require filing Form 6	41.			
Under penalty of perjury, I destatements, and that all state				accompanying sched	ules and			
This report must be signed by either the	e President, Vice-Preside	nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized I	Representative, Receiver or Tru	stee.			
Name of Officer/Authorized Representative				June 6, 2017				
Signature of Officer/Authorized	Representative	× Addres	was Clittle FII					

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