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 name of the Corporation
43894	**Doreen A. Tomlinson Foundation**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Afford school tuition for four girls at St. Raphael Academy**
4. NAICS Code: **813211 - Grantmaking Fo**	

6. Principal Office Address	City	State	Zip
9 Blue Mist Dr	**Manville**	**RI**	**02838**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Jo-Ann M. Enander**			Vice-President Name **John W. Tomlinson**		
Street Address **9 Blue Mist Dr**			Street Address **9 Blue Mist Dr**		
City **Manville**	State **RI**	Zip **02838**	City **Manville**	State **RI**	Zip **02838**
Secretary Name **Alice G. Tomlinson**			Treasurer Name **Jo-Ann Enander**		
Street Address **9 Blue Mist Dr**			Street Address **9 Blue Mist Dr**		
City **Manville**	State **RI**	Zip **02838**	City **Manville**	State **RI**	Zip **02838**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **David C. Tomlinson**			Director Name **Robert Tomlinson**		
Street Address **14 Lee Ave.**			Street Address **8 Stone Bridge Dr.**		
City **No. Providence**	State **RI**	Zip **02804**	City **Cumberland**	State **RI**	Zip **02838**
Director Name **Mr. Daniel Richard**			Director Name		
Street Address **123 Walcott St**			Street Address		
City **Pawtucket**	State **RI**	Zip **02860**	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.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Jo-Ann M. Enander	**June 11,2017**

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE — Jo-Ann M. Enander

FILED
JUN 14 2017
BY 102705

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: 05/2017