



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

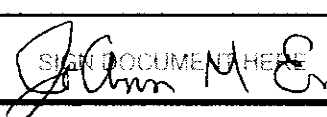
Annual Report for the year: **2017**

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<br><b>43894</b>                                                                                                                                                                                |                 | 2. Exact name of the Corporation<br><b>Doreen A. Tomlinson Foundation</b>                                                                         |                                              |                              |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Afford school tuition for four girls at St. Raphael Academy</b> |                                              |                              |                     |
| 4. NAICS Code<br><b>813211 - Grantmaking Fo</b>                                                                                                                                                                    |                 |                                                                                                                                                   |                                              |                              |                     |
| 6. Principal Office Address<br><b>9 Blue Mist Dr</b>                                                                                                                                                               |                 | City<br><b>Manville</b>                                                                                                                           |                                              | State<br><b>RI</b>           | Zip<br><b>02838</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                     |                 |                                                                                                                                                   |                                              |                              |                     |
| President Name <b>Jo-Ann M. Enander</b>                                                                                                                                                                            |                 |                                                                                                                                                   | Vice-President Name <b>John W. Tomlinson</b> |                              |                     |
| Street Address <b>9 Blue Mist Dr</b>                                                                                                                                                                               |                 |                                                                                                                                                   | Street Address <b>9 Blue Mist Dr</b>         |                              |                     |
| City <b>Manville</b>                                                                                                                                                                                               | State <b>RI</b> | Zip <b>02838</b>                                                                                                                                  | City <b>Manville</b>                         | State <b>RI</b>              | Zip <b>02838</b>    |
| Secretary Name <b>Alice G. Tomlinson</b>                                                                                                                                                                           |                 |                                                                                                                                                   | Treasurer Name <b>Jo-Ann Enander</b>         |                              |                     |
| Street Address <b>9 Blue Mist Dr</b>                                                                                                                                                                               |                 |                                                                                                                                                   | Street Address <b>9 Blue Mist Dr</b>         |                              |                     |
| City <b>Manville</b>                                                                                                                                                                                               | State <b>RI</b> | Zip <b>02838</b>                                                                                                                                  | City <b>Manville</b>                         | State <b>RI</b>              | Zip <b>02838</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |                                                                                                                                                   |                                              |                              |                     |
| Director Name <b>David C. Tomlinson</b>                                                                                                                                                                            |                 |                                                                                                                                                   | Director Name <b>Robert Tomlinson</b>        |                              |                     |
| Street Address <b>14 Lee Ave.</b>                                                                                                                                                                                  |                 |                                                                                                                                                   | Street Address <b>8 Stone Bridge Dr.</b>     |                              |                     |
| City <b>No. Providence</b>                                                                                                                                                                                         | State <b>RI</b> | Zip <b>02804</b>                                                                                                                                  | City <b>Cumberland</b>                       | State <b>RI</b>              | Zip <b>02838</b>    |
| Director Name <b>Mr. Daniel Richard</b>                                                                                                                                                                            |                 |                                                                                                                                                   | Director Name                                |                              |                     |
| Street Address <b>123 Walcott St</b>                                                                                                                                                                               |                 |                                                                                                                                                   | Street Address                               |                              |                     |
| City <b>Pawtucket</b>                                                                                                                                                                                              | State <b>RI</b> | Zip <b>02860</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<br><b>Jo-Ann M. Enander</b>                                                                                                                                              |                 |                                                                                                                                                   |                                              | Date<br><b>June 11, 2017</b> |                     |
| Signature of Officer/Authorized Representative<br>                                                                              |                 |                                                                                                                                                   |                                              |                              |                     |

MAIL TO:  
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**FILED**  
JUN 14 2017  
BY 1027 DS