



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 36899		2. Exact name of the Corporation The Felicia Fund, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To make charitable contributions			
4. NAICS Code 813211 - Grantmaking Foun					
6. Principal Office Address 90 Elm Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Pauline C. Metcalf			Vice-President Name None		
Street Address 375 Mail Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name Frank Mauran			Treasurer Name Paul W. Whyte		
Street Address 109 Benefit Street			Street Address 83F Nipmuck Trail		
City Providence	State RI	Zip 02903	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Pauline C. Metcalf			Director Name Joseph Peter Spang		
Street Address 375 Mail Road			Street Address Histroic Deerfield		
City Exeter	State RI	Zip 02822	City Deerfield	State MA	Zip 01342
Director Name Frank Mauran			Director Name Paul W. Whyte		
Street Address 109 Benefit Street			Street Address 83F Nipmuck Trail		
City Providence	State RI	Zip 02903	City North Providence	State RI	Zip 02904
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.					
<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 Paul W. Whyte				Date 6/16/17	
Signature of Officer/Authorized Representative <i>Paul W. Whyte</i>					

FILED

JUN 19 2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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