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
36899	**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	City	State	Zip
90 Elm Street	**Providence**	**RI**	**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 Provdence**	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 **Provdence**	State **RI**	Zip **02903**	City **North Provdence**	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.

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
Paul W. Whyte	6/16/17

Signature of Officer/Authorized Representative

FILED

JUN 19 2017

BY

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