



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.

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 BUS SVCS DIV

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1. Entity ID Number 105627		2. Exact name of the Corporation Jonathan M. Nelson Family Foundation			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island OPERATED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS OR SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE IRS CODE.			
4. NAICS Code 813910 - Business Associat					
6. Principal Office Address 50 KENNEDY PLAZA, 18TH FLOOR			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JONATHAN M. NELSON			Vice-President Name NONE		
Street Address 50 KENNEDY PLAZA, 18TH FLOOR			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name A. MAX KOHLENBERG			Treasurer Name JONATHAN M. NELSON		
Street Address ONE FINANCIAL PLAZA, SUITE 1600			Street Address 50 KENNEDY PLAZA, 18TH FLOOR		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JONATHAN M. NELSON			Director Name DAVID K. DUFFELL		
Street Address 50 KENNEDY PLAZA, 18TH FLOOR			Street Address 50 KENNEDY PLAZA, 18TH FLOOR		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name JANE S. NELSON			Director Name		
Street Address 311 FREEMAN PARKWAY			Street Address		
City PROVIDENCE	State RI	Zip 02906	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.					
<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 A. MAX KOHLENBERG, SECRETARY					Date 6/16/17
Signature of Officer/Authorized Representative <i>A. Max Kohlenberg</i>					

FILED

JUN 21 2017

BY *MB 306550*

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