



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ 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 114931		2. Exact name of the Corporation MAXSON FAMILY ASSOCIATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Promote & facilitate research, collection, and sharing of genealogical materials relating to Maxson family.	
4. NAICS Code 712120			
6. Principal Office Address 301 Church St. Apt. 309		City Wakefield	State RI
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Susan Maxson		Vice-President Name Marsha Donarum	
Street Address 1705 Wildwood Rd.		Street Address 10847 105th St. N.	
City Bloomington	State IL	Zip 61704-2236	City Largo
			State FL
			Zip 33773
Secretary Name Carolyn Hellmuth		Treasurer Name Paula M. Pescatello	
Street Address PO Box 1630		Street Address 301 Church St. Apt. 309	
City FLIPPEN	State AR	Zip 72634	City Wakefield
			State RI
			Zip 02879
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 Susan Maxson		Director Name Marsha Donarum	
Street Address 1705 Wildwood Rd		Street Address 10847 105th St. N.	
City Bloomington	State IL	Zip 61704	City LARGO
			State FL
			Zip 33773
Director Name Paula M. Pescatello		Director Name	
Street Address 301 Church St. Apt. 309		Street Address	
City Wakefield	State RI	Zip 02879	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 PAULA M. PESCATELLO			Date 6/27/17
Signature of Officer/Authorized Representative <i>Paula M. Pescatello</i>			

FILED

JUN 30 2017

BY

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