



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 1664018		2. Exact name of the Corporation Royce Family Fund, Inc.			
3. State of Incorporation Delaware		5. Brief description of the character of business conducted in Rhode Island See attached			
4. NAICS Code 813219					
6. Principal Office Address 8 Sound Shore Drive, Suite 140			City Greenwich	State CT	Zip 06830
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles M. Royce			Vice-President Name Daniel A. King		
Street Address 8 Sound Shore Drive, Suite 140			Street Address 8 Sound Shore Drive, Suite 140		
City Greenwich	State CT	Zip 06830	City Greenwich	State CT	Zip 06830
Secretary Name Nicholas C. Moore			Treasurer Name Charles M. Royce		
Street Address 8 Sound Shore Drive, Suite 140			Street Address 8 Sound Shore Drive, Suite 140		
City Greenwich	State CT	Zip 06830	City Greenwich	State CT	Zip 06830
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 Charles M. Royce			Director Name Jennifer Royce King		
Street Address 8 Sound Shore Drive, Suite 140			Street Address 8 Sound Shore Drive, Suite 140		
City Greenwich	State CT	Zip 06830	City Greenwich	State CT	Zip 06830
Director Name Charles M. Royce, Jr.			Director Name		
Street Address 8 Sound Shore Drive, Suite 140			Street Address		
City Greenwich	State CT	Zip 06830	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 Nicholas C. Moore				Date 6/29/17	
Signature of Officer/Authorized Representative <i>Nicholas C. Moore, Secretary</i>					

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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FORM 631 - Revised: 06/2017