



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

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.

RECEIVED STAMP  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR SECRETARY OF STATE  
USE ONLY

2017 AUG 15 AM 10:08

1. Entity ID Number 1481250		2. Exact name of the Corporation We'll See Foundation.org	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To assist individuals and/or organizations to reach a desired goal	
4. NAICS Code 813319			
6. Principal Office Address 453 W DeMello Drive		City Tiverton	State RI
		Zip 02878	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Brenda C Nagle		Vice-President Name	
Street Address 453 W DeMello Dr.		Street Address	
City Tiverton	State RI	Zip 02878	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Charles E Nagle		Director Name Beth T Nagle	
Street Address 46 Statue way		Street Address 253 Rock St West	
City Portsmouth	State RI	Zip 02871	
Director Name Brian M Nagle		Director Name Brenda C Nagle	
Street Address 201 North Ave B		Street Address 453 W DeMello Dr	
City Burlington	State VT	Zip 05401	
City Tiverton		State RI	Zip 02878
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 Brenda C Nagle		Date 8/15/17	
Signature of Officer/Authorized Representative Brenda C Nagle		SIGN DOCUMENT HERE <b>FILED</b>	

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

AUG 15 2017

10:09

BY Cu 3/0/99

FORM 631 - Revised: 06/2017