



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016  
 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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
FOR SECRETARY OF STATE USES ONLY

2017 AUG 15 AM 10:08

1. Entity ID Number <b>1481250</b>		2. Exact name of the Corporation <b>We'll See Foundation.org</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To assist individuals and/or organizations to reach a desired goal</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>453 W DeMello Drive</b>			City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Brenda C Nagle</b>			Vice-President Name		
Street Address <b>453 W DeMello Dr.</b>			Street Address		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 <b>Charles E Nagle</b>			Director Name <b>Beth T Nagle</b>		
Street Address <b>46 Statue way</b>			Street Address <b>253 Rock St West</b>		
City <b>POASmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
Director Name <b>Brian M Nagle</b>			Director Name <b>Brenda C Nagle</b>		
Street Address <b>201 North Ave B</b>			Street Address <b>453 W DeMello Dr</b>		
City <b>Burlington</b>	State <b>VT</b>	Zip <b>05401</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Brenda C Nagle</b>					Date <b>8/15/17</b>
Signature of Officer/Authorized Representative <i>Brenda C Nagle</i>					

SIGN DOCUMENT HERE **FILED**

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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