



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 41106		2. Exact name of the Corporation THE WINTER FAMILY FOUNDATION	
3. State of Incorporation RI 813410		4. Brief description of the character of business conducted in Rhode Island PROVIDING FUNDS FOR OTHER ORGANIZATIONS WHICH QUALIFY AS EXEMPT ORGANIZATIONS UNDER SEC 501(c)(3) OF THE IRS CODE	
5. Principal office address 2457 POST RD		City WARWICK	State RI
		Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name MICHAEL P WINTER		Vice-President Name	
Street Address 3608 TOWER HILL RD		Street Address	
City WAKEFIELD	State RI	Zip 02879	
Secretary Name THOMAS JOHN WINTER		Treasurer Name MICHAEL P WINTER	
Street Address 898 WAKEVEN DR		Street Address 3608 TOWER HILL RD	
City OSPREY	State FL	Zip 34209-8002	
City WAKEFIELD	State RI	Zip 02879	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name MICHAEL P WINTER TRUSTEE		Director Name THOMAS WINTER JR	
Street Address 3608 TOWER HILL RD		Street Address 20 EXCHANGE PLACE APT 1721	
City WAKEFIELD	State RI	Zip 02879	
City NEW YORK	State NY	Zip 10005	
Director Name KATHLEEN M WINTER		Director Name	
Street Address 1222 CIELO COURT		Street Address	
City HOUSTON	State TX	Zip 77055	
8. REGISTERED AGENT IN RHODE ISLAND NOTH VENICE			

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.
 This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

SEP 11 2017

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.

BY 812 DS [Signature] 9/7/2017
 Signature of Officer or Authorized Representative Date

File Date _____
 Check No _____
 By: _____
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