RI SOS Filing Number: 201867562740 Date: 5/25/2018 4:00:00 PM

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

Annual Report for the year: 2018
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	2. Exact name of the Corporation
977402	THE FRANCIS PECK CHARITABLE FOUNDATION
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: MAKE DISTRIBUTIONS TO 501(3) ORGANIZATIONS
4. NAICS Code: 813211 - Grantmaking Foundat	

6. Principal Office Address	City	State	Zip
136 CARROLL AVENUE	NEWPORT	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: FRANCIS PECK			Vice-President Name:		
Street Address: 1 BANCROFT DRIVE			Street Address:		
City: PORTSMOUTH	State: RI	Zip: 02871	City:	State:	Zip:
Secretary Name: JEREMIAH C. LYNCH, III			Treasurer Name: LOUIS G. MURPHY		
Street Address: 31 HARRIS AVENUE			Street Address: 136 CARROLL AVENUE		
City: PORTSMOUTH	State: RI	Zip: 02871	City: NEWPORT	State: RI	Zip: 02840

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: FRANCIS PECK			Director Name: LOUIS G MURPHY		
Street Address: 1 BANCROFT DRIVE			Street Address: 136 Carroll Ave		
City: PORTSMOUTH	State: RI	Zip: 02871	City: NEWPORT	State: RI	Zip: 02840
Director Name: JEREMIAH C. LYNCH, III			Director Name:		
Street Address: 31 HARRIS AVENUE			Street Address:		
City: PORTSMOUTH	State: RI	Zip: 02871	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	Date
LOUIS G. MURPHY, JR.	5/15/2018

Signature of Officer/Authorized Representative: Louis G. Murphy Jr

FILED
MAY 25 2018
BY 1042

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

FORM 631 - Revised: 11/2017