



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 977402		2. Exact name of the Corporation 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 136 CARROLL AVENUE		City NEWPORT	State RI	Zip 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 LOUIS G. MURPHY, JR.					Date 5/15/2018
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAY 25 2018

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FORM 631 - Revised: 11/2017