



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

Annual Report for the year:
Non-Profit Corporation

2018

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 MAY 30 PM 2:23

1. Entity ID Number 1658625		2. Exact name of the Corporation ANDRE D'AUTEUIL FAMILY FOUNDATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROVIDING GRANTS TO INDIVIDUALS	
4. NAICS Code 813211		FOR MEDICAL & ADAPTIVE EQUIPMENT	
6. Principal Office Address 84 MASON AVE		City CRANSTON	State RI
		Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MARCEL D'AUTEUIL		Vice-President Name PRISCILLA D'AUTEUIL	
Street Address 84 MASON AVE		Street Address 84 MASON AVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
Secretary Name PRISCILLA D'AUTEUIL		Treasurer Name MARCEL D'AUTEUIL	
Street Address 84 MASON AVE		Street Address 84 MASON AVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MARCEL D'AUTEUIL		Director Name PRISCILLA D'AUTEUIL	
Street Address 84 MASON AVE		Street Address 84 MASON AVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
Director Name ROBERT D'AUTEUIL		Director Name BEN D'AUTEUIL	
Street Address 84 MASON AVE		Street Address 84 MASON AVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
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 MARCEL D'AUTEUIL			Date 5/30/2018
Signature of Officer/Authorized Representative <i>Marcel D'Auteuil</i>			

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

FILED
MAY 30 2018
BY **331620**
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