RI SOS Filing Number: 201868549740 Date: 6/5/2018 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division					ა
Annual Report for the year: Non-Profit Corporation → Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty. Additional \$25.00 fee if f	2018			2018 JUN -5 AM	RECEIVED CRETARY OF S
1. Entity ID Number 000082530	2. Exact name of the Corporation THE ROBERTSON FOUNDATION				
3 State of Incorporation RHODE ISLAND 4. NAICS Code 813910 - Business Association	5. Brief description of the character of business conducted in Rhode Island OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES.				
6. Principal Office Address ONE FINANCIAL PLAZA, SUITE 1600			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses)				ck the box to indicate	e an attachment
President Name JOCELIN G. HAMBLETT			Vice-President Name NONE		
Street Address 66 WILLIAMS STREET			Street Address		
City PROVIDENCE	State RI	^{Zıp} 02906	City	State	Zip
Secretary Name CHRISTOPHER S. HAMBLETT			Treasurer Name JOCELIN G. HAMBLETT		
Street Address 27 WALNUT ROAD			Street Address 66 WILLIAMS STREET		
City BARRINGTON	State RI	Z ₁ p 02806	City PROVIDENCE	State RI	^{Zip} 02906
8. List ALL directors (names and ac	ddresses). RI Com	porations MUST lis		ck the box to indicate	e an attachment
Director Name JOCELIN G. HAMBLETT			Director Name CHRISTOPHER S. HAMBLETT		
Street Address 66 WILLIAMS STREET			Street Address 66 WILLIAMS STREET		
City PROVIDENCE	State RI	^{Zıp} 02906	City PROVIDENCE	State RI	^{Zip} 02906
Director Name A. MAX KOHLENBERG			Director Name	1	1
Street Address ONE FINANCIAL PLAZA, SUITE 1600			Street Address		
City PROVIDENCE	State RI	Zip 0290 3	City	Stale	Zip
9. Registered Agent in Rhode Islan	d. This information i	s currently of record	in the Department of State. Changes rec	uire filing Form 641.	
Under penalty of perjury, I declar statements, and that all statemen			this report, including any accom	panying schedule	es and
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 Repres JOCELING G. HAMBLETT, PRES	1	us Clan	all	5-22-18	
Signature of Officer/Authorized Representative SIGNION OF THERE FILED					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov JUN \$5 2018 938

FØRM 631 - Revised: 11/2017