



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

Annual Report for the year: **2018**

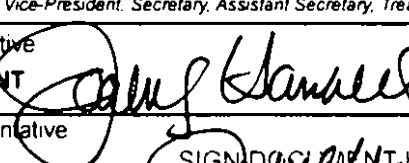
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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STATE
SECRETARY OF STATE
CORPORATIONS DIV
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1. Entity ID Number 000082530		2. Exact name of the Corporation THE ROBERTSON FOUNDATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address ONE FINANCIAL PLAZA, SUITE 1600		City PROVIDENCE		State RI	Zip 02903
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
President Name JOCELIN G. HAMBLETT			Vice-President Name NONE		
Street Address 66 WILLIAMS STREET			Street Address		
City PROVIDENCE	State RI	Zip 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	Zip 02806	City PROVIDENCE	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate 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	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name A. MAX KOHLENBERG			Director Name		
Street Address ONE FINANCIAL PLAZA, SUITE 1600			Street Address		
City PROVIDENCE	State RI	Zip 02903	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 JOCELIN G. HAMBLETT, PRESIDENT					Date 5-22-18
Signature of Officer/Authorized Representative 					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

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