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

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CORPORATIONS DIV
2018 JUN -5 AM 8:55

Annual Report for the year: 2018
Non-Profit Corporation

→ Filing penod: 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
000082530	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	City	State	Zip
ONE FINANCIAL PLAZA, SUITE 1600	PROVIDENCE	RI	02903

7. List ALL officers (names and addresses) — 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	Date
JOCELING G. HAMBLETT, PRESIDENT	5-22-18

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
JUN 05 2018
BY 337938

MAIL TO:
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