



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000047716

**2. Name of Corporation** SAINT ANTHONY TRUST OF RHODE ISLAND

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813219

**4. Corporate Address in Rhode Island**

No. and Street: 221 HOWELL STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

SUPPORT FOR A CO-EDUCATIONAL UNDERGRADUATE LITERARY FRATERNITY AT BROWN UNIVERSITY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	GENNA TEITELBAUM	681 DEGRAW ST APT 3 BROOKLYN, NY 11217 USA
TREASURER	AARON BELLER	11 WEST 81ST STREET NEW YORK CITY, NY 10024 USA
SECRETARY	MARIAH ERLICK	168 GIBBS ST APT 2 ROCHESTER, NY 14605 USA
VICE PRESIDENT	ELIJAH PETERSON	6 TALBOT STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	GREG FRIEDMAN	4624 BRANDINGSHIRE PLACE FORT WORTH, TX 76133 USA
DIRECTOR	GREYSON LEWIS	1115 LINCOLN WAY SAN FRANCISCO, CA 94122 USA
DIRECTOR	AYANNA GAINES	819 PASEO CAMARILLO #470 CAMARILLO, CA 93010 USA
DIRECTOR	TARIQ ADELY	46 BRANDON ROAD YONKERS, NY 10704 USA
DIRECTOR	MAX LADOW	1560 3RD STREET APT 606D SAN FRANCISCO, CA 94158 USA
DIRECTOR	ALICE RHA	41-21 28TH STREET APT. 5L LONG ISLAND CITY, NY 11101 USA
DIRECTOR	ADAM KENNEY	1916 E. ELM ST TUCSON, AZ 85719 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BARBARA THORNTON 221 HOWELL STREET PROVIDENCE , RI 02906

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 18 Day of June, 2018 at 9:09:17 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By AARON BELLER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

