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.

			 			
1. Entity ID Number 001678356		2. Exact name of the Corporation The Clarks Companies Foundation				
3. State of Incorporation	5. Brief descri	5. Brief description of the character of business conducted in Rhode Island				
DE	Charitable F	Charitable Foundation Operated Exclusively for Charitable and Educational Purposes under IRC 501C3				
4. NAICS Code	501C3					
813211 - Grantmaking Found	lat					
6. Principal Office Address			City	State	Zip	
60 Tower Road			Waltham	MA	02451	
7. List ALL officers (names and	addresses)			Check the box to indic	ate an attachment	
President Name Richard Almeida			Vice-President Name Cathy Huot			
Street Address 60 Tower Road			Street Address 60 Tower Road			
City Waltham	State MA	Zip 02451	City Waltham	State MA	Zip 02451	
Secretary Name Andrea Zuniga			Treasurer Name TJ Gordon			
Street Address 60 Tower Road			Street Address 60 Tower Road			
City Waltham	State MA	^{Zip} 02451	City Waltham	State MA	Zip 02451	
8. List ALL directors (names an	id addresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indic	ate an attachment	
Director Name Richard Almeida			Director Name Cathy Huot			
Street Address 60 Tower Road			Street Address 60 Tower Road			
City Waltham	State MA	Zip 02451	City Waltham	State MA	Zip 02451	
Director Name Andrea Zuniga			Director Name TJ Gordon			
Street Address 60 Tower Road			Street Address 60 Tower Road			
City Waltham	State MA	^{Zip} 02451	City Waltham	State MA	Zip 02451	
9. Registered Agent in Rhode I	sland. This information	on is currently of reco	ord in the Department of State. Ch	nanges require filing Form 64	11.	
Under penalty of perjury, I de statements, and that all state				y accompanying schedu	iles and	
This report must be signed by either the	President, Vice-Preside	nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized i	Representative, Receiver or Trus	ilee	
Name of Officer/Authorized Representative TJ Gordon				Date 6/19/	Date 6/19/18	
Signature of Officer/Authorized	Representative	1990	FILE	D		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov