



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 <b>001679037</b>		2. Exact name of the Corporation <b>THE MADDIE POTTS FOUNDATION</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <b>TO ESTABLISH A FOUNDATION FOR CHARITABLE DONATIONS SUCH AS AWARDS AND SCHOLARSHIPS AS WELL AS EDUCATIONAL PURPOSES, PARTICULARLY IN REGARD TO LEADERSHIP, FOSTERING COMMUNITY SUPPORT.</b>			
4. NAICS Code 813219 - Other Grantmaking an					
6. Principal Office Address <b>6 FAIRWAY DRIVE</b>		City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02832</b>	
7. List: ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>STEPHANIE E. POTTS</b>			Vice-President Name <b>DANIEL J. POTTS</b>		
Street Address <b>6 FAIRWAY DRIVE</b>			Street Address <b>6 FAIRWAY DRIVE</b>		
City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02832</b>
Secretary Name <b>ROBERT W. KLEIN</b>			Treasurer Name <b>LARRY HALL</b>		
Street Address <b>143 CLEARVIEW ROAD</b>			Street Address <b>143 TRIMTOWN ROAD</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
8. List: ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>STEPHANIE E. POTTS</b>			Director Name <b>VICKI RINNE</b>		
Street Address <b>6 FAIRWAY DRIVE</b>			Street Address <b>20 SUSAN DRIVE</b>		
City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>
Director Name <b>ROBERT W. KLEIN</b>			Director Name <b>LARRY HALL</b>		
Street Address <b>143 CLEARVIEW ROAD</b>			Street Address <b>143 TRIMTOWN ROAD</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>STEPHANIE E POTTS</b>					Date <b>8/11/18</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
146 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

SIGN DOCUMENT **FILED**

**AUG 21 2018**

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