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

FILED
OCT 01 2018
BY 1693

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	2. Exact name of the Corporation
000026229	**The Hassenfeld Family Foundation**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: grant for family's
4. NAICS Code: **813211 - Grantmaking Foundat**	

6. Principal Office Address	City	State	Zip
101 Dyer Street, Suite 401	**Providence**	**RI**	**02903**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Alan G. Hassenfeld**			Vice-President Name **Ellen H. Block**		
Street Address **101 Dyer Street, Suite 401**			Street Address **101 Dyer Street, Suite 401**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**
Secretary Name **Lori Holland**			Treasurer Name **Ellen H. Block**		
Street Address **101 Dyer Street, Suite 401**			Street Address **101 Dyer Street, Suite 401**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Alan G. Hassenfeld**			Director Name **Ellen H. Block**		
Street Address **101 Dyer Street, Suite 401**			Street Address **101 Dyer Street, Suite 401**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**
Director Name **Lori Holland**			Director Name **Susan Block Casdin**		
Street Address **101 Dyer Street, Suite 401**			Street Address **101 Dyer Street, Suite 401**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**

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
Alan G. Hassenfeld	**September 26, 2018**

Signature of Officer/Authorized Representative: Alan G Hassenfeld Trustee SIGN DOCUMENT HERE

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