



State of Rhode Island and Providence Plantations
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 1332536		2. Exact name of the Corporation Brandon M. Austin Memorial Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island This fund was established to give back to the community in honor of Brandon M. Austin's life interests and dreams. It includes programs in education, animal welfare, scholarships, and park/recreational facilities.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 25 Dinonsie Way			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Loralie M. Austin			Vice-President Name John C Marshall JR		
Street Address 25 Dinonsie Way			Street Address 25 Dinonsie Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Karen Houston			Treasurer Name Kayla Debigare		
Street Address 581 Saugatucket Road			Street Address 618 Main Street, Unit 2207		
City Wakefield	State RI	Zip 2879	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Julia L Wescott, CPA			Director Name Loralie M Austin		
Street Address 730 Kingstown Road			Street Address 25 Dinonsie Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name John C Marshall Jr			Director Name		
Street Address 25 Dinonsie Way			Street Address		
City Wakefield	State RI	Zip 02879	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Loralie M. Austin, President					Date 02/08/19
Signature of Officer/Authorized Representative <i>Loralie M. Austin</i>					FILED FEB 18 2019 BY 230 NS