



**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:** 2019

**1. Corporate ID No.** 000160706

**2. Name of Corporation** Lindsay Ann Burke Memorial Fund

**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

6

813319

**4. Corporate Address in Rhode Island**

No. and Street: 106 RICCI LANE

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

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

No. and Street: 106 RICCI LANE

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country:

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

TO RAISE FUNDS AND TRAIN PARENTS, EDUCATORS, TEENS AND OTHERS ON ISSUES  
RELATED TO DATING/DOMESTIC OR RELATIONSHIP VIOLENCE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	ANN M. BURKE	27 SYLVAN COURTH SAUNDERSTOWN, RI 02874 USA
TREASURER	CHRISTOPHER ERIC BURKE	106 RICCI LANE NORTH KINGSTOWN, RI 02852 USA
SECRETARY	RUTH ENGELHARD BURKE	106 RICCI LANE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	CHRISTOPHER F BURKE	27 SYLVAN COURT SAUNDERSTOWN, RI 02874- USA
DIRECTOR	MARI DIAS	75 FISHING COVE ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MICHAEL W. ARAGAO	53 OAKWOOD AVE. CUMBERLAND, RI 02864 USA
DIRECTOR	PEBBLES WADSWORTH	1093 EAST SHORE ROAD JAMESTOWN, RI 02835 USA
OTHER OFFICER	CHRISTOPHER BURKE	106 RICCI LANE NORTH KINGSTOWN, RI 02852
DIRECTOR	DONALD CHAMPAGNE	99 WILLS SWAMP ROAD WEST GREENWICH, RI 02817 USA
DIRECTOR	THOMAS J GRENNAN	51 JENKINS COURT NORTH KINGSTOWN, RI 02852 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**

JAMES V. AUKERMAN 60 SOUTH COUNTY COMMONS WAY, SUITE G4 WAKEFIELD , RI 02879

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

**Signed this 8 Day of May, 2019 at 4:46:41 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 CHRISTOPHER BURKE  
Signature of Authorized Person

Form No. 631  
Revised 09/07