



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2019

2019 MAY 16 AM 10:07

→ 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 001664952		2. Exact name of the Corporation PAUL F. AND JOYCE KILMARTIN BENEFICENT FUND	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATION AND SCIENTIFIC PURPOSES	
4. NAICS Code 813211- GRAMMA MAKING			
6. Principal Office Address 55 B MAYATT POINT		City BARRINGTON	State R.I. Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PAUL F. KILMARTIN		Vice-President Name	
Street Address 55B MAYATT ROAD		Street Address	
City BARRINGTON	State R.I.	Zip 02806	
Secretary Name HEATHER KILMARTIN		Treasurer Name JOYCE KILMARTIN	
Street Address 26 CHAPEL ROAD		Street Address 55B MAYATT ROAD	
City BARRINGTON	State R.I.	Zip 02806	City BARRINGTON State R.I. Zip 02824
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 PAUL F. KILMARTIN		Director Name JOYCE KILMARTIN	
Street Address 55B MAYATT ROAD		Street Address 55B MAYATT ROAD	
City BARRINGTON	State R.I.	Zip 02806	City BARRINGTON State R.I. Zip 02806
Director Name HEATHER KILMARTIN		Director Name	
Street Address 26 CHAPEL ROAD		Street Address	
City BARRINGTON	State R.I.	Zip 02806	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.			
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 PAUL F. KILMARTIN			Date 5/16/19
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE: FILED

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

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FORM 631 - Revised: 11/2017