



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

Annual Report for the year: **2019**

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.

FILED

JUN 05 2019

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2019

1. Entity ID Number 104766		2. Exact name of the Corporation American Civilization Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Operation of a Museum			
4. NAICS Code 712110					
6. Principal Office Address Vernon Court, 492 Bellevue Avenue			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurence S. Cutler			Vice-President Name Jennifer Greenawalt		
Street Address 18 East 77th Street, Suite 1A			Street Address 427 Colebrook Lane		
City New York	State NY	Zip 10075	City Bryn Mawr	State PA	Zip 19010
Secretary Name Brian G. Bardorf			Treasurer Name Judith A. G. Cutler		
Street Address 36 Washington Square			Street Address 492 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 Zachary W.S. Cutler			Director Name Judith A.G. Cutler		
Street Address 18 East 77th Street, Suite 1A			Street Address 492 Bellevue Avenue		
City New York	State NY	Zip 10075	City Newport	State RI	Zip 02840
Director Name Andrew Goffman			Director Name		
Street Address 18 East 77th Street, Suite 1A			Street Address		
City New York	State NY	Zip 10075	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 <i>Judith A. G. Cutler</i>				Date 5/31/2019	
Signature of Officer/Authorized Representative JUDITH A. G. Cutler				SIGN DOCUMENT HERE	

MAIL TO:
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