



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.

our PHONE IS = JUN 07 2019
 401-523-3957 BY 1199

FILED

1. Entity ID Number 000727523		2. Exact name of the Corporation PROVIDENCE COMMITTEE ON FOREIGN RELATIONS INC			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island EDUCATION + DISCUSSION ON FOREIGN AFFAIRS			
4. NAICS Code 813990					
6. Principal Office Address 125 EVERETT AVE		City PROVIDENCE	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name HANNAH HAZELTON			Vice-President Name ROBERT WHITCOMB		
Street Address 101 GREAT RD.			Street Address 125 EVERETT AVE		
City NORTH SMITHFIELD	State RI	Zip 02896	City PROVIDENCE	State RI	Zip 02906
Secretary Name ROBERT SLOAN			Treasurer Name MICHAEL C. STEINER		
Street Address 5 DARL COURT			Street Address 1111 CHOPMIST HILL RD.		
City EAST GREENWICH	State RI	Zip 02818	City NORTH SCITUATE	State RI	Zip 02857
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 CHARLES C. ANDREWS			Director Name LLEWELLYN KING		
Street Address 4430 POST RD.			Street Address 125 PROVIDENCE ST.		
City EAST GREENWICH	State RI	Zip 02818	City WEST WARWICK	State RI	Zip 02893
Director Name ZECHARIAH CHAFFEE			Director Name LINDA GASPARELLO		
Street Address 142 MORRIS AVE			Street Address 125 PROVIDENCE ST		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02893
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 ROBERT WHITCOMB				Date 6/7/19	
Signature of Officer/Authorized Representative <i>Robert Whitcomb</i>					

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

VICE-PRESIDENT

IRVING C. SHELDON JR.

7. BARNES ST.

PROVIDENCE, RI 02906