



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

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1. Entity ID Number 124570		2. Exact name of the Corporation The Elsa M. and Howard S. Brightman Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable purposes			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address c/o 100 Westminster Street, Suite 1500			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Howard S. Brightman, III		Vice-President Name Marjorie B. Catanzaro			
Street Address 67 Chestnut Street		Street Address 316 Love Lane			
City Cambridge	State MA	Zip 02139	City East Greenwich	State RI	Zip 02818
Secretary Name Nancy Soukup		Treasurer Name Dr. Laura O. Brightman			
Street Address 17 North Country Club Drive		Street Address 67 Chestnut Street			
City Warwick	State RI	Zip 02888	City Cambridge	State MA	Zip 02139
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 The Rev. Dr. Dorothy L. Brightman		Director Name Howard S. Brightman, III			
Street Address 17 North Country Club Drive		Street Address 67 Chestnut Street			
City Warwick	State RI	Zip 02888	City Cambridge	State MA	Zip 02139
Director Name Dr. Laura O. Brightman		Director Name Marjorie B. Catanzaro			
Street Address 67 Chestnut Street		Street Address 316 Love Lane			
City Cambridge	State MA	Zip 02139	City East Greenwich	State RI	Zip 02818
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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>					
<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 Dr Laura O. Brightman				Date 6/26/19	
Signature of Officer/Authorized Representative <i>Laura O. Brightman</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov