



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.

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SECRETARY OF STATE  
CORPORATION DIV

2019 JUN 28 PM 12:46

1. Entity ID Number <b>82530</b>		2. Exact name of the Corporation <b>THE ROBERTSON FOUNDATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES.</b>			
4. NAICS Code <b>813910 - Business Associat.</b>					
6. Principal Office Address <b>ONE FINANCIAL PLAZA, SUITE 1600</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02903</b>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>JOCELIN G. HAMBLETT</b>			Vice-President Name <b>NONE</b>		
Street Address <b>740 HORSENECK ROAD</b>			Street Address		
City <b>SOUTH DARTMOUTH</b>	State <b>MA</b>	Zip <b>02748</b>	City	State	Zip
Secretary Name <b>CHRISTOPHER S. HAMBLETT</b>			Treasurer Name <b>JOCELIN G. HAMBLETT</b>		
Street Address <b>219 WASHINGTON ROAD</b>			Street Address <b>740 HORSENECK ROAD</b>		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>SOUTH DARTMOUTH</b>	State <b>MA</b>	Zip <b>02748</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <b>JOCELIN G. HAMBLETT</b>			Director Name <b>CHRISTOPHER S. HAMBLETT</b>		
Street Address <b>740 HORSENECK ROAD</b>			Street Address <b>219 WASHINGTON ROAD</b>		
City <b>SOUTH DARTMOUTH</b>	State <b>MA</b>	Zip <b>02748</b>	City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>
Director Name <b>A. MAX KOHLENBERG</b>			Director Name		
Street Address <b>ONE FINANCIAL PLAZA, SUITE 1600</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	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.					
<b>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.</b>					
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 <b>JOCELIN G. HAMBLETT, PRESIDENT</b>					Date
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

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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JUN 28 2019

BY VW1061

FORM 631 - Revised: 03/2019