



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
 JUL 18 2019
 BY 1010S

1. Entity ID Number <u>41069</u>		2. Exact name of the Corporation <u>The John and Karin McCormick Foundation Inc</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Distribute Funds for Charity</u>			
4. NAICS Code <u>501499</u>					
6. Principal Office Address <u>3 Pawcatuck Ave</u>			City <u>Watch Hill</u>	State <u>RI</u>	Zip <u>02891</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Karin McCormick</u>			Vice-President Name <u>Brian McCormick</u>		
Street Address <u>3 Pawcatuck Ave</u>			Street Address <u>18 Indian Spring Rd</u>		
City <u>Watch Hill</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Rowayton</u>	State <u>CT</u>	Zip <u>06853</u>
Secretary Name <u>Lisa McCormick Mannix</u>			Treasurer Name		
Street Address <u>32 Forge Rd</u>			Street Address		
City <u>Wilton</u>	State <u>CT</u>	Zip <u>06897</u>	City	State	Zip
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 <u>Lisa McCormick Mannix</u>			Director Name <u>Brian McCormick</u>		
Street Address <u>32 Forge Rd</u>			Street Address <u>18 Indian Spring Rd</u>		
City <u>Wilton</u>	State <u>CT</u>	Zip <u>06897</u>	City <u>Rowayton</u>	State <u>CT</u>	Zip <u>06853</u>
Director Name <u>Karin McCormick</u>			Director Name		
Street Address <u>Same as above</u>			Street Address		
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.					
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 <u>Karin McCormick</u>				Date <u>7/16/19</u>	
Signature of Officer/Authorized Representative <u>Karin McCormick</u>				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