



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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.			
<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>			
<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