



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 VISO DS

1. Entity ID Number 80636		2. Exact name of the Corporation The Brandon Angell Memorial Fund, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Receipt, holding and investment of contributed funds and the expenditure thereof for charitable, benevolent, educational, civic and recreational purposes.			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 4000 South County Trail			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donna Angell			Vice-President Name Donna McGuire		
Street Address 4000 South County Trail			Street Address 7 Oak Leaf Trail		
City Charlestown	State RI	Zip 02813	City Wyoming	State RI	Zip 02898
Secretary Name Nancy Pirnie			Treasurer Name Frank S. Angell		
Street Address 3 Wood River Circle			Street Address 4000 South County Trail		
City Hope Valley	State RI	Zip 02832	City Charlestown	State RI	Zip 02813
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 Donna Angell			Director Name Donna McGuire		
Street Address 4000 South County Trail			Street Address 7 Oak Leaf Trail		
City Charlestown	State RI	Zip 02813	City Wyoming	State RI	Zip 02898
Director Name Nancy Pirnie			Director Name Frank S. Angell		
Street Address 3 Wood River Circle			Street Address 4000 South County Trail		
City Hope Valley	State RI	Zip 02832	City Charlestown	State RI	Zip 02813
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 Frank S. Angell				Date <u>6/25</u> , 2019	
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
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 Website: www.sos.ri.gov