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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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

2020	APR	20	P	3:	24.
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1. Entity ID Number 000122309		of the Corporation b Founda	ation for Governi	mental Res	earch and E
3 State of Incorporation	5 Brief descript	ion of the charact	er of business conducted in Rh	ode Island	<u> "" .</u>
RI			PONSIBLE AND RESPONS		
4. NAICS Code			NON-PARTISAN EFFORTS RY IN THE WORKINGS OF		
813211 - Grantmaking Found	TITLE: 7-6			OUR COVERING	
6. Principal Office Address	<u> </u>		City	State	Zip
9A Eagle Run			East Greenwich	RI	02818
7. List ALL officers (names and add	dresses)			Check the box to in	dicate an attachment
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name	<u> </u>		Treasurer Name	_	
Street Address			Street Address		
City	State	Žip	City	State	Zip
8 List ALL directors (names and a	ddresses) RI Cor	porations MUST I	ist at least THREE directors	Check the box to in	dicate an attachment
Director Name	,	. <u>-</u>	Director Name	CHOCK DIC COX IO III	order of order in the contract of the contract
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Director Name	<u> </u>	1	Director Name	<u> </u>	
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Islan	d This information	is currently of recor	d in the Department of State. Chan	nges require filing Form	641
Under penalty of perjury, I decla statements, and that all stateme	re and affirm tha nts contained he	t I have examine rein are true and	d this report, including any a d correct.	ccompanying sche	dules and
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authonzed Rej	presentative, Receiver or 3	Trustee
Name of Officer/Authorized Repres	sentative			Date	
Robert M. Haiken, Vice-Presid	tent			April 9, 20)20
Signature of Officer/Authorized Rep	M Viu	L SIGNLDOC	UMENT HERE FD	j.	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov APR 2 0 2020

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FORM 631 - Revised: 06/2019

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

The Hebb Foundation for Governmental Research and Education d/b/a The OCG Institute ID 122309

7. Attachment: All Officers

Providence, RI 02906	Barrington, RI 02806	East Greenwich, RI 02818-5010	East Greenwich, RI 02818-5010
120 Pratt Street	14 Fireside Drive	9A Eagle Run	9A Eagle Run
Karin Hebb	Robert Senville	Robert Haiken	Robert Haiken
President	Vice-President	Secretary	Treasurer

8. Attachment: All Directors

Robert Haiken	9A Eagle Run	East Greenwich, RI 02818-5010
Karin Hebb	120 Pratt Street	Providence, RI 02906
Margaret Kane	150 Alfred Drowne Road	Barrington, RI 02806
Robert Senville	14 Fireside Drive	Barrington, RI 02806
William Sheridan	10 Alpha Court	Barrington, RI 02806