



RI SOS Filing Number: 202040934770 Date: 5/26/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

Annual Report for the year: **2020**

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.

MAY 26 2020

BY

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1. Entity ID Number <b>000043894</b>		2. Exact name of the Corporation <b>Doreen A. Tomlinson Foundation</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Afford school tuition for four girls at St. Raphael Academy</b>			
4. NAICS Code <b>813211 - Grantmaking Fo</b>					
6. Principal Office Address <b>Jo-Ann Enander</b>		City <b>Manville</b>		State <b>RI</b>	Zip <b>02838</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jo-Ann Enander</b>			Vice-President Name <b>John W. Tomlinson</b>		
Street Address <b>9 Blue Mist Dr</b>			Street Address <b>9 Blue Mist Dr</b>		
City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
Secretary Name <b>Kristen Marshall</b>			Treasurer Name <b>Jo-Ann Enander</b>		
Street Address <b>66 Governor St</b>			Street Address <b>9 Blue Mist Dr</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
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 <b>David C. Tomlinson</b>			Director Name <b>Robert Tomlinson</b>		
Street Address <b>26 Sunyside DR</b>			Street Address <b>8 Stoneybridge Dr</b>		
City <b>Shelton</b>	State <b>CT</b>	Zip <b>04684</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>Mr. Daniel Richard</b>			Director Name		
Street Address <b>123 Walcott St</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</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>Jo-Ann M. Enander</b>				Date <b>May 22, 2020</b>	
Signature of Officer/Authorized Representative  SIGN DOCUMENT					

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019