



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 1033 OS

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

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019