

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street Providence, KI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 30 Filing Fee: \$20.00 *

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penalty fee of \$25.00.								
1. Corporate ID No	2. Name of Corporation							
144267	Lyn & Margaret Comfort Charitable Foundation							
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City.		Z/p		
RI	62 Washington S	treet		Newport,	RI	02840		
5. Foreign corporation. Enter principal office address			Gity	State		<i>Σ</i> .φ		
6 Brief Description of the character of the affairs which are actually conducted in Rhode Island								
Private foundation								
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS								
President Name			Vice President Name					
Margaret D. Comfort								
Street Address			Street Address					
62 Washington Street								
City	State	Zip	City	State		Zip		
Newport	RI	02840						
Secretary Name			Treasurer Name					
Lyn Comfort			Lyn Comfort					
Street Address	<u> </u>		Sinen Address					
62 Washington Street			62 Washington Street					
City	State	Z(p	City	State		Zip		
Newport	RI	02840	Newport	RI		02840		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS								
THE NUMBER OF DIRECTO	RS OF A DOMESTI	C (RHODE ISLAND) C	ORPORATION SHALL NOT A	E LESS TUA	N THREE	(3). R.I.G.L. 7-6-23		
Director Name			Director Name					
Margaret D. Comfort			Emily J. Comfort					
Sireei Address			Sircei Address					
62 Washington Street			62 Washington Street					
City	State	Zip	City	State	•	Z.ip		
Newport	RI	02840	Newport	RI		02840		
Director Name		Director Name						
Lyn Comfort								
Street Address			Street Address					
62 Washington Street								
On-	State	Zip	City	Stare		Zip		
Newport	RI	02840	l					
9. REGISTERED AGENT IN	RHODE ISLAND D	O NOT ALTER - Chang	es require filing of Form 64	1 · R.I.G.L.	7-6-13 / 7-	6-78		
Agent Name			Address					
A. Max Kohlenberg, Esq.			c/o Edwards Angell Palmer & Dodge LLP					
Address			City Zip					
2800 Financial Plaza			Providence, RI 02903					
This report must be	e signed by either the	President, Vice Preside	ent, Secretary, Assistant Secret	ary, Treasure	r, Receiver	or Trustee		

File Date _	FILED					
Check No	JUN 23 2006					
Ву:	BWLW 102-132					
FOR SECRETARY OF STATE USE ONLY						

Under penalty of perjury, I declare report, including any accompanying statements contained herein are true	schedules and and and correct.	statements, and that all
Maguet D. C Signature of Officer	pontor	May 31, 2006
Signature of Officer		Date
Margaret D. Comfort		
Print or Type Name of Officer		
President	•	

Title of Officer