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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JUN 23 2020
BY 1037 OS

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.

1. Entity ID Number	2. Exact name of the Corporation
27003	**THE FAIN FAMILY ASSOCIATION**
3. State of Incorporation: **RHODE ISLAND**	5. Brief description of the character of business conducted in Rhode Island: **CIVIC & SOCIAL ORGANIZATION**
4. NAICS Code: **813990 - Other Similar Orga**	

6. Principal Office Address	City	State	Zip
505 CENTRAL AVENUE	**PAWTUCKET**	**RI**	**02861**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **BARBARA FAIN**			Vice-President Name **NONE**		
Street Address **55 ELLIS ROAD**			Street Address		
City **WEST NEWTON**	State **MA**	Zip **02465**	City	State	Zip
Secretary Name **BARRY FAIN**			Treasurer Name **JONATHAN D. FAIN**		
Street Address **48 CONGDON ST**			Street Address **505 CENTRAL AVE**		
City **PROVIDENCE**	State **RI**	Zip **02906**	City **PAWTUCKET**	State **RI**	Zip **02861**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **FREDA LEHRER**			Director Name **JONATHAN D. FAIN**		
Street Address **63 RIVERFARM RD**			Street Address **505 CENTRAL AVE**		
City **CRANSTON**	State **RI**	Zip **02910**	City **PAWTUCKET**	State **RI**	Zip **02861**
Director Name **BARRY FAIN**			Director Name **NONE**		
Street Address **48 CONGDON ST**			Street Address		
City **PROVIDENCE**	State **RI**	Zip **02906**	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.

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	Date
JONATHAN D FAIN	**6/10/2020**

Signature of Officer/Authorized Representative: Jonathan D. Fain SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019