

Matthew A. Brown, Secretary of State
Corporations Division 148 W. River Street, Providence, RI 02904-2615 401,222,3040

Form 631 Rev. 12/05

ATION ANNIAL DEPODT FOR THE VEAD 2005

1. Corporate ID No.		i, each corporation falling 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. 2. Name of Corporation				
141168	Gertrude B. Elion Foundation					
3. State of Incorporation	1 '	dress in Rhode Island -Street		City	Zip	
RHODE ISLAND	2255 Commodore Perry High			Wakefield	02879	
5. Foreign corporation: Ente	er principal office addr	ess	City	State	Ζip	
6. Brief Description of the ch	aracter of the affairs w	which are actually conducted	in Rhode Island	<u></u>		
SUPPORTING THE ADV	VANCEMENT OF S	CIENTIPIC RESEARCE	H AND THE PROMOTION OF	F THE PERFORMING AR	rs	
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR A President Name Jonathan L. Elion			Vice President Name . NONE			
						Street Address
2255 Commodore P			•		17:	
City	State	Zip	City	State	Zip	
Wakefield Secretary Name	RI	02879	Tréasurer Name		!	
Kathleen R. Elion				Jonathan L. Elion		
Street Address			Street Address			
2255 Commodore Perry Highway			.2255 Commodore Perry Highway			
City	State	Zip	City	State	Zip	
Wakefield	RI	02879	· Wakefield	RI	02879	
			RATTACHMENT) TILL IN AND CORPORATION SHALL			
Director Name			Director Name			
Jonathan L. Elion			Kathleen R. Elion			
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·	
2255 Commodore I	Perry Highway	,	2255 Commodore	Perry Highway	<u> </u>	
City	State	Zip	•City	State	Zip	
Wakefield	RI	02879	Wakefield	RI	6 02879至量	
Director Name			Director Name		₽ <u>9</u> 03	
Gary D. Elion			Charles Address		<u> </u>	
Street Address 1204 Ojo Verde			·Street Address		10 :h Alë Alë	
City	State	Zip	.Ciry	State	— Zip	
Santa Fe	NM	87501				
	VT IN RHODE ISL	AND -DO NOT ALTER- C	hanges require filing o	of Form 641 -R.I.GL 7-6-1	3 / 7-6-78	
Agent Name			Address			
Richard G. Small, Es	q		2800 Financial Plaz			
Address			City	Zip		
			Providence	0290	3	
This report must be sig	ened by either the	President Vice Presi	dent, Secretary, Assistant	Secretary, Treasurer, Re	eceiver or Trustee	
				•		
	ENDRY HER STOLD BYFFI AND					
1 4 1 1 6 8			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,			
	<u>.</u>	 1		ng any accompanying schedu ents contained herein are true		
*141168 DNP 03/29	1/06 02:25:29 PM	*	and that any state in	\mathcal{U}	11/1/-	
File Date	EILED.		iono	athen it. Ilis	$n \frac{4}{19} \frac{200}{200}$	
			Signature of Officer	. _	Pale	
Check No. APR 2 6 2006			Jonathan L. Elion Print or Type Name of Officer			
By: Ru		1 115 Y		• •		
FOR SECRETARY OF ST	TEUSE OBLY	<i>ӯ</i> ┪ /	President	<u> </u>	P 231 p 11	
,		I /	Title of Officer		Form 631 Rev. 12	