



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*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.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 001679037

**2. Name of Corporation** The Maddie Potts Foundation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813219

**4. Corporate Address in Rhode Island**

No. and Street: 6 FAIRWAY DRIVE

City or Town: RICHMOND

State: RI

Zip: 02832

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ESTABLISH A FOUNDATION FOR CHARITABLE DONATIONS SUCH AS AWARDS AND SCHOLARSHIPS AS WELL AS EDUCATIONAL PURPOSES, PARTICULARLY IN REGARD TO LEADERSHIP, FOSTERING COMMUNITY SUPPORT AND POSITIVE COACHING SKILLS AS THEY PERTAIN TO LIFE TIME LEARNING PURPOSES, PARTICULARLY REGARDING STUDENT ATHLETES, WITHIN THE MEANING OF 501(C)(3) OF THE INTERNAL REVENUE CODE.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
VICE PRESIDENT	DAN JOHN POTTS	6 FAIRWAY DRIVE RICHMONDY, RI 02832 US
ASSISTANT SECRETARY	BARBARA POIRIER	36 BEECH HILL ROAD ASHAWAY, RI 02804 US
DIRECTOR	VICKI RINNE MS.	20 SUSAN DRIVE CAROLINA, RI 02812 US
DIRECTOR	JONI FORTIN	FOSTER FARM DR WYOMING, RI 02898 US
DIRECTOR	MELISSA ALLAMBY	FOSTER FARM DR WYOMING, RI 02898 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

STEPHANIE E. POTTS 6 FAIRWAY DRIVE RICHMOND , RI 02832

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of July, 2020 at 12:42:44 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By KEITH R FROST  
Signature of Authorized Person

Form No. 631  
Revised 09/07