STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

972314

1. Corporate ID No.	2. Name of Corporation		
138997	The NRT Foundation, Inc.		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
DELAWARE	170 Westminster, Suite 900	Providence	02903
5. Foreign corporation: Enter principal office address	City	State	Zip
339 Jefferson Road	Parsippany	NJ	07054

6. *Brief Description of the character of the affairs which are actually conducted in Rhode Island*
CHARITABLE, EDUCATIONAL, RELIGIOUS, SCIENTIFIC AND LITERARY PURPOSES

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Kevin R. Greene	339 Jefferson Road	Parsippany	NJ	07054

Vice President Name	Street Address	City	State	Zip
Joseph J. Huber	1 Campus Drive	Parsippany	NJ	07054

Secretary Name	Street Address	City	State	Zip
Kenneth D. Hoffert	339 Jefferson Road	Parsippany	NJ	07054

Treasurer Name	Street Address	City	State	Zip
Joseph J. Huber	1 Campus Drive	Parsippany	NJ	07054

8. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Street Address	City	State	Zip
Kevin R. Green	339 Jefferson Road	Parsippany	NJ	07054

Director Name	Street Address	City	State	Zip
Joseph J. Huber	1 Campus Drive	Parsippany	NJ	07054

Director Name	Street Address	City	State	Zip
Kenneth D. Hoffert	339 Jefferson Road	Parsippany	NJ	07054

Director Name	Street Address	City	State	Zip

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

Agent Name	Address		
Corporation Service Company			
Address	**City**		**Zip**
170 Westminster St,, Suite 900	Providence, RI		02903

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 1 3 8 9 9 7 [redacted]

138997 FNP 02/14/05 05:31:10 PM
File Date 2/25/05
Check No. 935334
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

Joseph J. Huber — 2/16/05
Signature of Officer *Date*

Joseph J. Huber
Print or Type Name of Officer

[redacted] VP, Tax
Title of Officer

Form 631 Rev. 6/02