



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

Annual Report for the year: 2021
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.

FILED
 JUN 22 2021
 BY 5455 DS

1. Entity ID Number 119465		2. Exact name of the Corporation ANTHONY QUINN FOUNDATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Aid individuals proven recognizable in artistic merit in categories of the art, film, etc.			
4. NAICS Code 541430					
6. Principal Office Address 420 Poppasquash Road			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Katherine Quinn			Vice-President Name		
Street Address 420 Poppasquash Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Erich Rhyhart			Treasurer Name Paul Burke		
Street Address PO Box 539			Street Address PO Box 539		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Katherine Quinn			Director Name Erich Rhyhart		
Street Address 420 Poppasquash Road			Street Address PO Box 539		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Benjamin G. Paster			Director Name		
Street Address 888 S. Orange Avenue PHB			Street Address		
City Warasota	State FL	Zip 34236	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Katherine Quinn					Date 6/8/21
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
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