

**State of Rhode Island
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: 2021**1. Corporate ID No.** 000116178**2. Name of Corporation** THE THOMAS F. & LAUREN C. HUDSON CHARITABLE 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

813410**4. Principal Office Address**No. and Street: 2000 CHAPEL VIEW BOULEVARD
SUITE 380City or Town: CRANSTONState: RI Zip: 02920 Country: USA**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode IslandCHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES**6. Names and Addresses of the Officers and Directors:****All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island**

Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS F HUDSON	2000 CHAPEL VIEW BLVD. STE 380 CRANSTON, RI 02920 USA
DIRECTOR	RYAN M HUDSON	2000 CHAPEL VIEW BLVD. STE. 380 CRANSTON, RI 02920 USA
DIRECTOR	THOMAS J HUDSON	2000 CHAPEL VIEW BLVD. STE 380 CRANSTON, RI 02920 USA
DIRECTOR	THOMAS F HUDSON	2000 CHAPEL VIEW BLVD. STE 380 CRANSTON, RI 02920 USA

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

JAMES H. REILLY 1041 TEN ROD ROAD, SUITE B NORTH KINGSTOWN , RI 02852

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

Signed this 24 Day of June, 2021 at 1:36:42 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 THOMAS F HUDSON
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved