



State of Rhode Island

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

JUL 02 2021

BY

1280 DS

1. Entity ID Number 001715710		2. Exact name of the Corporation The Mark and Donna Ross Family Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, specifically, a private foundation as set forth in Section 509 of the Internal Revenue Code			
4. NAICS Code 813219 - Other Grantmaking and					
6. Principal Office Address 173 Shadow Brook Drive			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark A. Ross			Vice-President Name Donna R. Ross		
Street Address 173 Shadow Brook Drive			Street Address 173 Shadow Brook Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Jared M. Ross			Treasurer Name Seth A. Ross		
Street Address 33 Red Hawk Drive			Street Address 52 Sargent Street		
City Cranston	State RI	Zip 02921	City Winthrop	State MA	Zip 02152
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 Mark A. Ross			Director Name Donna R. Ross		
Street Address 173 Shadow Brook Drive			Street Address 173 Shadow Brook Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Jared M. Ross			Director Name Seth A. Ross		
Street Address 33 Red Hawk Drive			Street Address 52 Sargent Street		
City Cranston	State RI	Zip 02921	City Winthrop	State MA	Zip 02152
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Mark A. Ross, President				Date 6-29-2021	
Signature of Officer/Authorized Representative <i>Mark A. Ross</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov