



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

JUL 22 2021

BY 1182 DS

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.

1. Entity ID Number <b>80636</b>		2. Exact name of the Corporation <b>The Brandon Angell Memorial Fund, Inc.</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Receipt, holding and investment of contributed funds and the expenditure thereof for charitable, benevolent, educational, civic and recreational purposes.			
4. NAICS Code 813219 - Other Grantmaking and					
6. Principal Office Address 4000 South County Trail		City Charlestown	State RI	Zip 02813	
7. List ALL officers (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Donna Angell</b>		Vice-President Name <b>Donna McGuire</b>			
Street Address <b>4000 South County Trail</b>		Street Address <b>7 Oak Leaf Trail</b>			
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
Secretary Name <b>Nancy Pirnie</b>		Treasurer Name <b>Frank S. Angell</b>			
Street Address <b>3 Wood River Circle</b>		Street Address <b>4000 South County Trail</b>			
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Donna Angell</b>		Director Name <b>Donna McGuire</b>			
Street Address <b>4000 South County Trail</b>		Street Address <b>7 Oak Leaf Trail</b>			
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
Director Name <b>Nancy Pirnie</b>		Director Name <b>Frank S. Angell</b>			
Street Address <b>3 Wood River Circle</b>		Street Address <b>4000 South County Trail</b>			
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
9 The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Frank S. Angell</b>				Date <b>7/19</b> , 2021	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov