



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 22 2021

BY 1182 DS

1. Entity ID Number 80636		2. Exact name of the Corporation The Brandon Angell Memorial Fund, Inc.			
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). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donna Angell		Vice-President Name Donna McGuire			
Street Address 4000 South County Trail		Street Address 7 Oak Leaf Trail			
City Charlestown	State RI	Zip 02813	City Wyoming	State RI	Zip 02898
Secretary Name Nancy Pirnie		Treasurer Name Frank S. Angell			
Street Address 3 Wood River Circle		Street Address 4000 South County Trail			
City Hope Valley	State RI	Zip 02832	City Charlestown	State RI	Zip 02813
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 Donna Angell		Director Name Donna McGuire			
Street Address 4000 South County Trail		Street Address 7 Oak Leaf Trail			
City Charlestown	State RI	Zip 02813	City Wyoming	State RI	Zip 02898
Director Name Nancy Pirnie		Director Name Frank S. Angell			
Street Address 3 Wood River Circle		Street Address 4000 South County Trail			
City Hope Valley	State RI	Zip 02832	City Charlestown	State RI	Zip 02813
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Frank S. Angell				Date 7/19 , 2021	
Signature of Officer/Authorized Representative <i>Frank S. Angell</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020