



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.

*Amended*

RECEIVED  
STATE  
CR. DEPT. OF  
BUS. SVCS. DIV.  
2021 SEP - 9 PM 12:40

1. Entity ID Number <b>000036899</b>		2. Exact name of the Corporation <b>Felicia Fund, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To make charitable contributions</b>			
4. NAICS Code <b>813211 - Grantmaking Found</b>					
6. Principal Office Address <b>90 Elm Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Pauline C. Metcalf</b>			Vice-President Name <b>None</b>		
Street Address <b>375 Mail Road</b>			Street Address		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City	State	Zip
Secretary Name <b>Frank Mauran</b>			Treasurer Name <b>Paul W. Whyte</b>		
Street Address <b>109 Benefit Street</b>			Street Address <b>83F Nipmuc Trail</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</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>Pauline C. Metcalf</b>			Director Name <b>Paul W. Whyte</b>		
Street Address <b>375 Mail Road</b>			Street Address <b>83F Nipmuc Trail</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Frank Mauran</b>			Director Name <b>Thomas Michie</b>		
Street Address <b>109 Benefit Street</b>			Street Address <b>68 High Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Brookline</b>	State <b>MA</b>	Zip <b>02445</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>Paul W. Whyte</b>					Date <b>9/7/2021</b>
Signature of Officer/Authorized Representative <i>Paul W. Whyte</i>					

**FILED**

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**SEP 09 2021***KL 12:40*

**EXHIBIT A**

**FELICIA FUND INC.**

**ID #36899**

**DIRECTOR: Elizabeth Rollins Mauran**

**151 Power Street**

**Providence, RI 02906**



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

September 09, 2021 12:40 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea  
*Secretary of State*

