



**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: February 1 - May 1

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: 2022

1. Corporate ID No. 000555220

2. Name of Corporation AYERSFOUNDATION

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



611710

4. Principal Office Address

No. and Street: 6 HAVERSHAM ROAD

HILLANDALE FARM

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EXCLUSIVELY FOR CHARITABLE 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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MAXSON BENTLEY HENCE	6 HAVERSHAM RD

		WESTERLY, RI 02891 USA
TREASURER	ULRIKE MARIA HENCE	6 HAVERSHAM ROAD WESTERLY, RI 02891 USA
DIRECTOR	SHANNON ALGIERE	STONE BARNS CENTER, 630 BEDFORD ROAD TARRYTOWN, NY 10591 USA
DIRECTOR	MAXSON BENTLEY HENCE	6 HAVERSHAM ROAD WESTERLY, RI 02891 USA
DIRECTOR	PAUL ARMINGTON	3031 MACOMB STREET WASHINGTON, DC 20008 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**

MAXON B. HENCE 6 HAVERSHAM ROAD WESTERLY , RI 02891

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

Signed this 13 Day of February, 2022 at 1:43:19 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 MAXSON B HENCE
Signature of Authorized Person

Form No. 631
Revised 09/07

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