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. 000116178

2. Name of Corporation THE THOMAS F. & LAUREN C. HUDSON CHARITABLE FOUNDATION

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

813410

4. Principal Office Address

No. and Street: 2000 CHAPEL VIEW BOULEVARD
SUITE 380
City or Town: CRANSTON State: RI Zip: 02920 Country: USA

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

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS F HUDSON	2000 CHAPEL VIEW BLVD. STE 380

		CRANSTON, RI 02920 USA
DIRECTOR	RYAN M HUDSON	2000 CHAPEL VIEW BLVD. STE. 380 CRANSTON, RI 02920 USA
DIRECTOR	THOMAS J HUDSON	2000 CHAPEL VIEW BLVD. STE 380 CRANSTON, RI 02920 USA
DIRECTOR	THOMAS F HUDSON	2000 CHAPEL VIEW BLVD. STE 380 CRANSTON, RI 02920 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

JAMES O. REAVIS 245 WATERMAN STREET, SUITE 109 PROVIDENCE , RI 02906

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

Signed this 28 Day of April, 2022 at 12:24:26 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 THOMAS F HUDSON
Signature of Authorized Person

Form No. 631
Revised 09/07