



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001660554		2. Exact name of the Corporation The Mahoney Family Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable, religious, educational and scientific purposes			
4. NAICS Code 813319 - Other Social Advocacy (
6. Principal Office Address P.O. Box 16		City Barrington		State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Julie Mahoney			Director Name Brian Mahoney		
Street Address P.O. Box 16			Street Address 37 Temple Place, Unit 304		
City Barrington	State RI	Zip 02806	City Boston	State MA	Zip 02111
Director Name Patrick Mahoney			Director Name Michael Mahoney		
Street Address P.O. Box 16			Street Address P.O. Box 16		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Joseph R. Marion III				Date 1/31/23	
Signature of Officer/Authorized Representative 					

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

FILED
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BY 5318

**THE MAHONEY FAMILY FOUNDATION
ENTITY ID NUMBER 001660554
ATTACHMENT TO 2023 ANNUAL REPORT**

8. Directors:

- Julie Mahoney
P.O. Box 16
Barrington, RI 02806
- Michael Mahoney
P.O. Box 16
Barrington, RI 02806
- Patrick Mahoney
P.O. Box 16
Barrington, RI 02806
- Brian Mahoney
P.O. Box 16
Barrington, RI 02806
- Megan Mahoney
P.O. Box 16
Barrington, RI 02806