



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**

Non-Profit Corporation

→ Filing period: June 1 - June 30

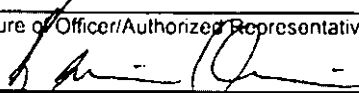
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

FEB 21 2023

BY 5506
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1. Entity ID Number 119465		2. Exact name of the Corporation ANTHONY QUINN FOUNDATION	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Aid individuals proven recognizable in artistic merit in categories of the art, film, etc.	
4. NAICS Code 541430			
6. Principal Office Address 420 Poppasquash Road		City Bristol	State RI
		Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Katherine Quinn		Vice-President Name	
Street Address 420 Poppasquash Road		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
Secretary Name Erich Rhyhart		Treasurer Name Paul Burke	
Street Address PO Box 539		Street Address PO Box 539	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
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 Katherine Quinn		Director Name Erich Rhyhart	
Street Address 420 Poppasquash Road		Street Address PO Box 539	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Director Name Benjamin G. Paster		Director Name	
Street Address 888 S. Orange Avenue PHB		Street Address	
City Sarasota	State FL	City	State
Zip 34236		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
<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 Katherine Quinn			Date 2/5/23
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

FORM 631 - Revised: 03/2019