



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 09 2023

BY 3209 *[Signature]*

STAMP

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.

1. Entity ID Number 000092520		2. Exact name of the Corporation B STREET FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EXCLUSIVELY FOR CHARITABLE PURPOSES			
4. NAICS Code 813211					
6. Principal Office Address 90 ELM STREET			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Stephanie D. Chafee			Vice-President Name		
Street Address 90 Elm Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Louisa D. Chafee			Treasurer Name Murray S. Danforth III		
Street Address 425 7th Avenue NE, Apt. 3302			Street Address 17 Lloyd Lane		
City Tuscaloosa	State AL	Zip 04677	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Stephanie D. Chafee			Director Name Murray S. Danforth III		
Street Address 90 Elm Street			Street Address 17 Lloyd Lane		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02906
Director Name Louisa D. Chafee			Director Name		
Street Address 425 7th Avenue NE, Apt. 3302			Street Address		
City Tuscaloosa	State AL	Zip 04677	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Murray S. Danforth III				Date 6 March 2023	
Signature of Officer/Authorized Representative <i>Murray S Danforth III</i>					

MAIL TO:  
Division of Business Services  
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