



Department of State - Business Services Division

FILED

MAR 20 2023

BY

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 000026229		2. Exact name of the Corporation The Hassenfeld Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Aiding charities, relief of the distressed, sick, needy, educational and social rehabilitation			
4. NAICS Code 813211 - Grantmaking Found					
6. Principal Office Address 101 Dyer Street, Suite 401		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alan G. Hassenfeld			Vice-President Name Ellen H. Block		
Street Address 101 Dyer Street, Suite 401			Street Address 101 Dyer Street, Suite 401		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Lori Pollock			Treasurer Name Ellen H. Block		
Street Address 101 Dyer Street, Suite 401			Street Address 101 Dyer Street, Suite 401		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Alan G. Hassenfeld			Director Name Ellen H. Block		
Street Address 101 Dyer Street, Suite 401			Street Address 101 Dyer Street, Suite 401		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Susan Block Casdin			Director Name Lori Pollock		
Street Address 101 Dyer Street, Suite 401			Street Address 101 Dyer Street, Suite 401		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Alan G. Hassenfeld				Date March 13, 2023	
Signature of Officer/Authorized Representative 					