

**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**Foreign Non-Profit  
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:** 2023**1. Corporate ID No.** 000125636**2. Name of Corporation** FAMILY FINANCIAL EDUCATION FOUNDATION**3. State of Incorporation**State: WY**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

522000**4. Principal Office Address**No. and Street: 724 FRONT STREET STE 340City or Town: EVANSTONState: WY Zip: 82930-3589 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO PROVIDE DEBT-POOLING SERVICES FOR INDIVIDUALS LIVING IN RHODE ISLAND.**6. Names and Addresses of the Officers and Directors:****All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	WILLIAM RICHARDS CLUNY	724 FRONT STREET STE 340 EVANSTON, WY 82930-3589 USA
SECRETARY	WILLIAM RICHARDS CLUNY	724 FRONT STREET STE 340 EVANSTON, WY 82930-3589 USA
DIRECTOR	CRAIG BARLOW WELLING	3018 SOUTH HIGHWAY 150 EVANSTON, WY 82930 USA
DIRECTOR	DONALD RAY FRAKES	307 HERSCHLER AVENUE EVANSTON, WY 82930 USA
DIRECTOR	JOHN CHARLES PHILLIPS	10452 E HORNED OWL TRAIL SCOTTSDALE, AZ 85262 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**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A  
EAST PROVIDENCE , RI 02914

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

**Signed this 13 Day of April, 2023 at 6:06:30 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 WILLIAM RICHARDS CLUNY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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