



**State of Rhode Island**  
**Department of State - Business Services Division**

**FILED**

JAN 31 2024

Annual Report for the year: 2024

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 <b>000043894</b>		2. Exact name of the Corporation <b>Doreen A Tomlinson Foundation</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Afford school tuition for four girls to ST. Raphael Academy</b>			
4. NAICS Code <b>813211</b>					
6. Principal Office Address <b>Jo-Ann Enander</b>			City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jo-Ann Enander</b>			Vice-President Name <b>John W Tomlinson</b>		
Street Address <b>9 Blue Mist Dr</b>			Street Address <b>9 Blue Mist Dr</b>		
City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
Secretary Name <b>Kristen Marshall</b>			Treasurer Name <b>Jo-Ann Enander</b>		
Street Address <b>66 Governor St</b>			Street Address <b>9 Blue Mist Dr</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert Tomlinson</b>			Director Name <b>Shannon Fineout</b>		
Street Address <b>8 Stoneybridge Dr</b>			Street Address <b>8 Hidden Valley Lane</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Jo-Ann Enander</b>					Date <b>1/28/20240</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)