



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 31 2024

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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 000043894		2. Exact name of the Corporation Doreen A Tomlinson Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Afford school tuition for four girls to ST. Raphael Academy			
4. NAICS Code 813211					
6. Principal Office Address Jo-Ann Enander			City Manville	State RI	Zip 02838
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jo-Ann Enander			Vice-President Name John W Tomlinson		
Street Address 9 Blue Mist Dr			Street Address 9 Blue Mist Dr		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Kristen Marshall			Treasurer Name Jo-Ann Enander		
Street Address 66 Governor St			Street Address 9 Blue Mist Dr		
City Cumberland	State RI	Zip 02864	City Manville	State RI	Zip 02838
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 Robert Tomlinson			Director Name Shannon Fineout		
Street Address 8 Stoneybridge Dr			Street Address 8 Hidden Valley Lane		
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
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.					
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 Jo-Ann Enander					Date 1/28/20240
Signature of Officer/Authorized Representative <i>[Handwritten signature]</i>					

MAIL TO:
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