



State of Rhode Island  
Department of State - Business Services Division

FILED

APR 23 2024

BY

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 <u>114931</u>		2. Exact name of the Corporation <u>MAXSON FAMILY ASSOCIATION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Promote + facilitate research, collection, and sharing of genealogical materials relating to MAXSON Family.</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>301 Church St. Apt. 309</u>		City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>SUSAN MAXSON</u>		Vice-President Name <u>MARSHA DONARUM</u>	
Street Address <u>1705 WILDWOOD RD.</u>		Street Address <u>10847 105th ST.</u>	
City <u>BLOOMINGTON</u>	State <u>IL</u>	Zip <u>61704</u>	City <u>LARGO</u> State <u>FL</u> Zip <u>33773</u>
Secretary Name <u>BRENDA MAXSON</u>		Treasurer Name <u>PAULA M. PESCATELLO</u>	
Street Address <u>9 BALMAT FOWLER RD</u>		Street Address <u>301 CHURCH ST., APT. 309</u>	
City <u>GOVERNEUR</u>	State <u>NY</u>	Zip <u>13642</u>	City <u>WAKEFIELD</u> State <u>RI</u> Zip <u>02879</u>
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 <u>SUSAN MAXSON</u>		Director Name <u>MARSHA DONARUM</u>	
Street Address <u>1705 WILDWOOD RD</u>		Street Address <u>10847 105th ST.</u>	
City <u>BLOOMINGTON</u>	State <u>IL</u>	Zip <u>61704</u>	City <u>LARGO</u> State <u>FL</u> Zip <u>33773</u>
Director Name <u>PAULA M. PESCATELLO</u>		Director Name	
Street Address <u>301 CHURCH ST., APT. 309</u>		Street Address	
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>PAULA M. PESCATELLO</u>			Date <u>4/12/2024</u>
Signature of Officer/Authorized Representative <u>Paula M. Pescatello</u>			

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov