



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 24 2024

BY W.D.

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 001661439		2. Exact name of the Corporation The Mary D. Fund, Inc.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island A not for profit that helps Block Islanders in need.	
4. NAICS Code 624190			
6. Principal Office Address P.O. Box 323		City Block Island	State R.I.
		Zip 02807	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marguerite Donnelly		Vice-President Name Donna W. Corey	
Street Address 490 Old Town Rd.		Street Address 1426 Cooneyms Rd #534	
City Block Island	State R.I.	City Block Island	State R.I.
Zip 02807		Zip 02807	
Secretary Name Ann Hall		Treasurer Name Marguerite Donnelly	
Street Address Connecticut Ave.		Street Address 490 Old Town Rd.	
City Block Island	State R.I.	City Block Island	State R.I.
Zip 02807		Zip 02807	
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 Donna W. Corey		Director Name Sue Hagedorn	
Street Address 1426 Cooneyms Rd #534		Street Address Spring St.	
City Block Island	State R.I.	City Block Island	State R.I.
Zip 02807		Zip 02807	
Director Name Ann Hall		Director Name Marguerite Donnelly	
Street Address Connecticut Ave.		Street Address 490 Old Town Rd.	
City Block Island	State R.I.	City Block Island	State R.I.
Zip 02807		Zip 02807	
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 Marguerite Donnelly			Date 5/15/2024
Signature of Officer/Authorized Representative Marguerite Donnelly			

MAIL TO:
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