



**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

**Non-Profit Corporation  
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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000075511

**2. Name of Corporation** Billy Andrade - Brad Faxon Charities for Children,Inc.

**3. State of Incorporation**

State: RI

**NAICS CODE**

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  
813219

**4. Principal Office Address**

No. and Street: 11538 GREEN BAYBERRY DRIVE

City or Town: PALM BEACH GARDENS

State: FL Zip: 33418 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

CONSTITUTED FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	WILLIAM T. ANDRADE	4429 EAST BROOKHAVEN DRIVE ATLANTA, GA 30319 USA
TREASURER	PAULA M. MCNAMARA	91 MAIN STREET, STE. 118 WARREN, RI 02885 USA
SECRETARY	PAULA M. MCNAMARA	91 MAIN STREET, STE. 118 WARREN, RI 02885 USA
VICE PRESIDENT	BRAD J. FAXON JR.	11133 GREEN BAYBERRY DRIVE PALM BEACH GARDENS, FL 33418 USA
DIRECTOR	WILLIAM F. LUNNIE	79 SHERMAN AVENUE SEEKONK, MA 02771 USA
DIRECTOR	MATTHEW T. MARCELLO III	100 WESTMINSTER STREET, SUITE 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	DORY RICCI FAXON	11133 GREEN BAYBERRY DRIVE PALM BEACH GARDENS, FL 33418 USA
DIRECTOR	JODY L ANDRADE	4429 EAST BROOKHAVEN DRIVE ATLANTA, GA 30319 USA
DIRECTOR	JOHN P. ANDRADE	559 HOPE STREET BRISTOL, RI 02809 USA
DIRECTOR	ANDREW J. BERG	3550 LENOX ROAD NE, SUITE 2700 ATLANTA, GA 30326 USA
DIRECTOR	BRADFORD R. BOSS	179 WESTCOTE DRIVE S. KINGSTOWN, RI 02879 USA
DIRECTOR	ELIZABETH Z. CHACE	P.O. BOX 3305 SOUTH ATTLEBORO, MA 02703 USA
DIRECTOR	DAVID H. CHACE	P.O. BOX 3305 SOUTH ATTLEBORO, MA 02703 USA
DIRECTOR	THOMAS F. HUDSON	P.O. BOX 3305 SOUTH ATTLEBORO, MA 02703 USA
DIRECTOR	BRADFORD S. DIMEO	P.O. BOX 3305 SOUTH ATTLEBORO, MA 02703 USA
DIRECTOR	THOMAS F. GILBANE, JR.	P.O. BOX 3305 SOUTH ATTLEBORO, MA 02703 USA
DIRECTOR	J. TERRENCE MURPHY	P.O. BOX 3305 SOUTH ATTLEBORO, MA 02703 USA
DIRECTOR	THOMAS M. RYAN	P.O. BOX 3305 SOUTH ATTLEBORO, MA 02703 USA
DIRECTOR	PAUL J. SALEM	P.O. BOX 3305 SOUTH ATTLEBORO, MA 02703 USA
DIRECTOR	RUSSELL A. BOSS	P.O. BOX 3305 SOUTH ATTLEBORO, MA 02703 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**

MATTHEW T. MARCELLO, III 100 WESTMINSTER STREET, SUITE 1500 C/O HINCKLEY, ALLEN & SNYDER LLP PROVIDENCE , RI 02903

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

**Signed this 11 Day of July, 2024 at 1:13:00 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 /PAULA M. MCNAMARA/  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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