



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 24 2025

BY

1042

Annual Report for the year: 2025

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 27003		2. Exact name of the Corporation THE FAIN FAMILY ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island THE ADVANCEMENT OF EDUCATION AND THE PERFORMANCE OF CHARITABLE, BENEVOLENT AND CIVIC SERVICES			
4. NAICS Code 813990					
6. Principal Office Address 505 CENTRAL AVE			City PAWTUCKET	State RI	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BARBARA FAIN			Vice-President Name NONE		
Street Address 55 ELLIS RD			Street Address		
City WEST NEWTON	State MA	Zip 02465	City	State	Zip
Secretary Name FREDA LEHRER			Treasurer Name JONATHAN D FAIN		
Street Address 63 RIVERFARM RD			Street Address 5 HOLLY LANE		
City CRANSTON	State RI	Zip 02910	City BARRINGTON	State RI	Zip 02806
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 FREDA LEHRER			Director Name JONATHAN D FAIN		
Street Address 63 RIVERFARM RD			Street Address 5 HOLLY LANE		
City CRANSTON	State RI	Zip 02910	City BARRINGTON	State RI	Zip 02806
Director Name BARRY FAIN			Director Name NONE		
Street Address 48 CONGDON ST			Street Address		
City PROVIDENCE	State RI	Zip 02906	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 JONATHAN D. FAIN				Date 2/25/2025	
Signature of Officer/Authorized Representative <i>Jonathan D. Fain</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov