RI SOS Filing Number: 202566374290 Date: 2/24/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

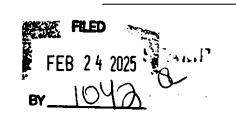
Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

Repairs: Additional \$25.00 foo if for



→ Penalty: Additional \$25.00 fee if					
1. Entity ID Number	2 Exact name of the Corporation				
27003	THE FAIN FAMILY ASSOCIATION				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	THE ADVANCEMENT OF EDUCATION AND THE PERFORMANCE OF				
4. NAICS Code	CHARITABLE, BENEVOLENT AND CIVIC SERVICES				
813990	L				
6. Principal Office Address			City	State	Zip
505 CENTRAL AVE			PAWTUCKET	RI	02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
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					
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 UŽOUU
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.					
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				Date	
JONATHAN D./FAIN					
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Wobsite: www.sos.ri.gov