



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP
MAR 13 2025

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.



BY

1088
FOR SECRETARY OF STATE ONLY

1. Entity ID Number 000095065		2. Exact name of the Corporation WATKINS BURNHAM FUND			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO MAKE CHARITABLE CONTRIBUTIONS			
4. NAICS Code 813211					
6. Principal Office Address 90 ELM STREET		City PROVIDENCE		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name HELEN M. BURNHAM			Vice-President Name JOHN S. BURNHAM		
Street Address 279 THIRD BEACH ROAD			Street Address 2505 WOODRIDGE DRIVE		
City MIDDLETOWN	State RI	Zip 02840	City AUSTIN	State TX	Zip 78703
Secretary Name ROBERT GAUMONT			Treasurer Name ELIZABETH J. ELEY		
Street Address 6 BITTERSWEET LANE			Street Address 244 B MAYFIELD AVENUE		
City SOUTH DARTMOUTH	State MA	Zip 02748	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name HELEN M. BURNHAM			Director Name MIRANDA DOUGLAS		
Street Address 279 THIRD BEACH ROAD			Street Address 29 BOWEN ST		
City MIDDLETOWN	State RI	Zip 02840	City CUMBERLAND	State RI	Zip 02864
Director Name JOHN S. BURNHAM			Director Name		
Street Address 2505 WOODRIDGE DRIVE			Street Address		
City AUSTIN	State TX	Zip 78703	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 ELIZABETH J. ELEY					Date 3/5/25
Signature of Officer/Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov

RI DOS MADE EDITS PER FILER