



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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP

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BY

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1. Entity ID Number 000094895		2. Exact name of the Corporation THE SACHEM FOUNDATION	
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 <input type="checkbox"/>			
President Name FRANK MAURAN IV		Vice-President Name ELIZABETH R. MAURAN	
Street Address 109 BENEFIT STREET		Street Address 109 BENEFIT STREET	
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE State RI Zip 02903
Secretary Name FRANK MAURAN IV		Treasurer Name ELIZABETH J. ELEY	
Street Address 109 BENEFIT STREET		Street Address 244 B MAYFIELD AVENUE	
City PROVIDENCE	State RI	Zip 02903	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 <input type="checkbox"/>			
Director Name PAULINE C. METCALF		Director Name FRANK MAURAN IV	
Street Address 375 MAIL ROAD		Street Address 109 BENEFIT STREET	
City EXETER	State RI	Zip 02822	City PROVIDENCE State RI Zip 02903
Director Name ELIZABETH R. MAURAN		Director Name	
Street Address 109 BENEFIT STREET		Street Address	
City PROVIDENCE	State RI	Zip 02903	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 FRANK MAURAN IV		Date 02/28/2025	
Signature of Officer/Authorized Representative <i>Frank Mauran IV</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