State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SVCS.

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	2. Exact name of the Corporation
001700061	The Broden Foundation
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To share financial and charitable support to individuals experiencing adversities and the Newport County Non-Profit organizations that assist and support those individuals.
4. NAICS Code: 813211	

6. Principal Office Address	City	State	Zip
185 Oliphant Lane	Middletown	RI	02842

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Allan Dennis			Director Name: Cara Dennis		
Street Address: 185 Oliphant Lane			Street Address: 185 Oliphant Lane		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842
Director Name: J. Russell Jackson			Director Name		
Street Address: 122 Touro Street			Street Address		
City: Newport	State: RI	Zip: 02840	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
J. Russell Jackson	**4/9/2025**

Signature of Officer/Authorized Representative: J. Russell Jackson

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BY PSZT4

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

FORM 631 - Revised: 12/2023

NL