



State of Rhode Island  
Department of State - Business Services Division

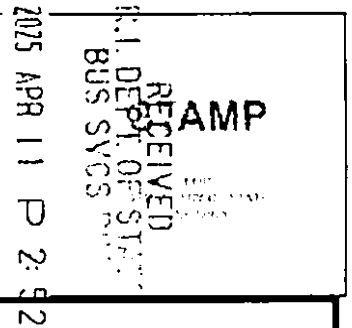
Annual Report for the year: **2024**

**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 <b>001700061</b>		2. Exact name of the Corporation <b>The Broden Foundation</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To share financial and charitable support to individuals experiencing adversities and the Newport County Non-Profit organizations that assist and support those individuals.</b>			
4. NAICS Code <b>813211</b>					
6. Principal Office Address <b>185 Oliphant Lane</b>			City <b>Middletown</b>		State <b>RI</b>
					Zip <b>02842</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Allan Dennis</b>			Director Name <b>Cara Dennis</b>		
Street Address <b>185 Oliphant Lane</b>			Street Address <b>185 Oliphant Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>J. Russell Jackson</b>			Director Name		
Street Address <b>122 Touro Street</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>J. Russell Jackson</b>					Date <b>4/9/2025</b>
Signature of Officer/Authorized Representative 					

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

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