RI SOS Filing Number: 202571814680 Date: 4/25/2025 4:00:00 PM



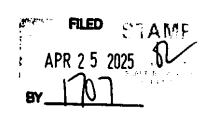
## State of Rhode IslandDepartment of State - Business Services Division

## 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



| 1. Entity ID Number  | 2. Exact name of the Corporation   |                      |  |                |              |
|--|--|----------------------|--|----------------|--------------|
| 1755-187   | Forrest C & Frances H Lattner Foundation Jinc  |                      |  |                |              |
| 3. State of Incorporation FL 4 NAICS Code 813211   | 5. Brief description of the character of business conducted in Rhode Island The Foundation has established and office in RI. This office is central to the 2 Trustees and where all Company documentation is stored. There are 2 Foundation employees who reside in RI, David Hollenbeck and Kim |                      |  |                |              |
| 6. Principal Office Address 110 Main Street, Suite 302   |  |                      | City<br>East Greenwich                 | State<br>RI    | Zip<br>02818 |
| 7. List ALL officers (names and addresses)  Check the box to indicate an attachment  |  |                      |  |                |              |
| President Name David Hollenbeck  |  |                      | Vice-President Name Douglas Hollenbeck |                |              |
| Street Address 4416 Spear St.  |  |                      | Street Address 29 Timothy Drive        |                |              |
| <sup>City</sup> Shelburne  | State VT   | <sup>Zip</sup> 05482 | City Westerly                          | State RI       | Zip<br>02891 |
| 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 David Hollenber  |  | <del>-</del>         | Director Name Douglas Hollenbeck       |                |              |
| Street Address 4416 Spear St.  |  |                      | Street Address 29 Timothy Drive        |                |              |
| <sup>City</sup> Shelburne  | State VT   | <sup>Zip</sup> 05482 | City Westerly                          | State RI       | Zip<br>02891 |
| Director Name Chelsea Forres   | t Tierney  | <u> </u>             | Director Name                          |                |              |
| Street Address 4205 Bear Ridge Drive   |  |                      | Street Address                         |                |              |
| <sup>Crty</sup> House Springs  | State MO   | <sup>Zip</sup> 63051 | 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  Kim Newton  |  |                      |  | Date 4/21/2025 |              |
| Signature of Officer/Authorized Representative   |  |                      |  |                |              |
|  |  | -                    |  |                |              |

MAIL TO:

Division of Business Services

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

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