



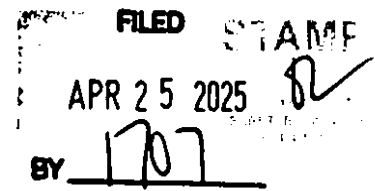
State of Rhode Island
Department of State - Business Services Division

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



1. Entity ID Number <u>1755-187</u>		2. Exact name of the Corporation Forrest C & Frances H Lattner Foundation Inc			
3. State of Incorporation FL		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			
4 NAICS Code 813211					
6. Principal Office Address 110 Main Street, Suite 302			City East Greenwich	State RI	Zip 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		
City Shelburne	State VT	Zip 05482	City Westerly	State RI	Zip 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 Hollenbeck			Director Name Douglas Hollenbeck		
Street Address 4416 Spear St.			Street Address 29 Timothy Drive		
City Shelburne	State VT	Zip 05482	City Westerly	State RI	Zip 02891
Director Name Chelsea Forrest Tierney			Director Name		
Street Address 4205 Bear Ridge Drive			Street Address		
City House Springs	State MO	Zip 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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Website: www.sos.ri.gov