

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, Rt 02904-2615 401,222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a worder fee of \$20.00\*

penalty fee of \$25.00						
1. Corporate ID No.	2. Name of Corp	oration				
27777		BRISTOLITE FOUNDATION				
3. State of Incorporation	· ·	4. Corporate address in Rhode Island - Street Address			Zip	
RHODE ISLAND	One Park F	One Park Row, Suite 300, Attn: Nathan W. Chace, Esq.			02903	
5 Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the char	acter of the affairs whic	b are actually conducted in Rh	oode Island			
Charitable contributions	S					
7. NAMES AND ADDRE	SSES OF THE OFI	FICERS: ("X" BOX FOR AT	TACHMENT) 🗌 FILL IN SPACE	S BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Nathan W. Chace, A	ssistant Secretai	rv				
Street Address			Street Address			
One Park Row, Suite	300					
CHy	State	Zip	$Cu_{\mathcal{V}}$	State	Zip	
Providence	RI	02903				
Secretary Name			Treasurer Name			
Joan D. Martin	***		Edward L. Wrobel			
Street Address			Street Address 680 Warren Avenue			
324 North Lane			City	State	Zip	
Chy	State	<i>Ζίμ</i>	East Providence	RI	02914	
Bristol	RI	02809	ATTACHMENT) FILL IN SPACE		•	
			ND) CORPORATION SHALL N			
Director Name	ECTORS OF A DO	MESTIC (MITODE ISMI	Director Name		(0)	
Joan D. Martin			Edward L. Wrobel			
Street Address			Street Address			
324 North Lane			680 Warren Avenue			
City	State	Zip	City	State	Zip	
Bristol	RI	02809	East Providence	RI	02914	
Director Name			Director Name			
Elaine Shaw			Nathan W. Chace			
Street Address			Street Address			
59 Campbell Street			One Park Row, Suite			
City	State	Zip	CUy	State	Zip	
Pawtucket	Ri	02860	Providence	RI	02903	
9. REGISTERED AGEN	T IN RHODE ISLA	ND				
This information is curre	ently of record in th	e Office of the Secretary	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-	13/7-6-78	
This report	must be signed by	either the President, Vic	ce President, Secretary, Assistant	i Secretary, Treasurer, R	eceiver or trustee	

	FILED	
	JUN 1 L 2012	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.
File Date	- // 02	Signature of Officer  Signature of Officer  Signature of Officer
Check No.	_	Joan D. Martin Print or Type Name of Officer
By:FOR SECRETARY OF STATE USE ONLY		Chairman & Secretary Title of Officer