



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 MAY 22 PH 2: 54

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 1658625		2. Exact name of the Corporation ANDRE D'AUTEUIL FAMILY FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island GRANTS FOR MEDICAL AND ADAPTIVE EQUIPMENT TO INDIVIDUALS THAT SUFFER NEUROLOGICAL DISORDERS OR TRAUMAS			
4. NAICS Code 813211					
6. Principal Office Address 84 MASON AVE		City CRANSTON	State RI	Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARCEL D'AUTEUIL		Vice-President Name PRISCILLA D'AUTEUIL			
Street Address 84 MASON AVE		Street Address 84 MASON AVE			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
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 <input type="checkbox"/>					
Director Name MARCEL D'AUTEUIL		Director Name PRISCILLA D'AUTEUIL			
Street Address 84 MASON AVE		Street Address 84 MASON AVE			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Director Name VACANT		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative MARCEL D'AUTEUIL				Date 5/22/2019	
Signature of Officer/Authorized Representative <i>Marcel D'Auteuil</i>				FILED	

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

MAY 22 2019
 BY *DK45W*