



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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.

FEB 15 2022
BY 1039 DS

1. Entity ID Number 27003		2. Exact name of the Corporation THE FAIN FAMILY ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island <i>The advancement of education and the performance of Charitable, Benevolent and Civic Services</i>			
4. NAICS Code 813990 - Other Similar Organiza:					
6. Principal Office Address 505 CENTRAL AVENUE		City PAWTUCKET	State RI	Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BARBARA FAIN			Vice-President Name NONE		
Street Address 55 ELLIS ROAD			Street Address		
City WEST NEWTON	State MA	Zip 02465	City	State	Zip
Secretary Name BARRY FAIN			Treasurer Name JONATHAN D FAIN		
Street Address 48 CONGDON ST			Street Address 505 CENTRAL AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PAWTUCKET	State RI	Zip 02861
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 FREDA LEHRER			Director Name JONATHAN D FAIN		
Street Address 63 RIVERFARM RD			Street Address 505 CENTRAL AVE		
City CRANSTON	State RI	Zip 02910	City PAWTUCKET	State RI	Zip 02861
Director Name BARRY FAIN			Director Name NON		
Street Address 48 CONGDON ST			Street Address		
City PROVIDENCE	State RI	Zip 02910	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.					
<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 JONATHAN D FAIN				Date 2/8/2022	
Signature of Officer/Authorized Representative <i>Jonathan D. Fain</i>					

MAIL TO
Division of Business Services
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Website: www.sos.ri.gov