RI SOS Filing Number: 202216642540 Date: 5/2/2022 1:52:00 PM



State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: February 1 - May 1

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 penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000555417

2. Name of Corporation New England Patriots Charitable Foundation, Inc.

3. State of Incorporation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

~

Fee: \$20.00

813410

4. Principal Office Address

No. and Street: ONE PATRIOT PLACE

City or Town: FOXBOROUGH State: MA Zip: 02035 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EXCLUSIVELY FOR CHARITABLE EDUCATIONAL AND SCIENTIFIC PURPOSES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSHUA M. KRAFT	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 USA
TREASURER	JOSHUA M. KRAFT	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 USA

DIRECTOR	ROBERT K. KRAFT	ONE PATRIOT PLACE
		FOXBOROUGH, MA 02035 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of May, 2022 at 1:54:12 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By <u>ROBERT K. KRAFT</u> Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2022 State of Rhode Island All Rights Reserved