



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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.

FILED
Stamp
FEB 14 2023
BY 1040
FB

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 & performance of Charitable, benevolent & Civil Services like</i>			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
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 FREDA LEHRER			Treasurer Name JONATHAN D FAIN		
Street Address 63 RIVERFARM RD			Street Address 505 CENTRAL AVENUE		
City CRANSTON	State RI	Zip 02910	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 AVENUE		
City CRANSTON	State RI	Zip 02910	City PAWTUCKET	State RI	Zip 02861
Director Name BARRY FAIN			Director Name NONE		
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 2/6/2023	
Signature of Officer/Authorized Representative <i>Jonathan D. Fain</i>					

MAIL TO:
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Website: www.sos.n.gov