



**State of Rhode Island
Department of State - Business Services Division**

**Annual Report for the year: 2023
Non-Profit Corporation**

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2023 SEP 27 A 11:09

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000141443		2. Exact name of the Corporation The Trustees of Obadiah Brown's Benevolent Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF THE OBADIAH BROWN BENEVOLENT FUND IN SUPPORT OF THE RELIGIOUS SOCIETY OF FRIENDS (QUAKERS). AS ENACTED RI GENERAL ASSEMBLY IN MAY 1823.			
4. NAICS Code 813110					
6. Principal Office Address 554 WAYLAND AVENUE			City PROVIDENCE	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RALPH B GENTILE			Vice-President Name N/A		
Street Address 108 PINE STREET			Street Address		
City ANDOVER	State MA	Zip 01810	City	State	Zip
Secretary Name PAMELA DAHLBERG			Treasurer Name PAUL C MANGELSDORF III		
Street Address 554 WAYLAND AVENUE			Street Address 545 TROWBROOK ROAD		
City PROVIDENCE	State RI	Zip 02906	City ATLANTA	State GA	Zip 30350
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name ANN DODD COLLINS			Director Name CYNTHIA REIK		
Street Address 119 HOFFSES LANE			Street Address 235 E. RIVER DRIVE APT 1005		
City WALDOBORO	State ME	Zip 04572	City EAST HARTFORD	State CT	Zip 06108
Director Name LIESA STAMM			Director Name CAROL SMITH		
Street Address 34 BROOKLINE DRIVE			Street Address 147 ELTON STREET		
City WEST HARTFORD	State CT	Zip 06107	City PROVIDENCE	State RI	Zip 02906
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 PAUL C. MANGELSDORF III, TREASURER				Date 09/26/2023	
Signature of Officer/Authorized Representative <i>Paul C Mangelsdorf III</i>					

FILED

11:10am

SEP 27 2023

BY LHS DVUMF

MAIL TO:
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