

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
http://www.sos.ky.gov

**2019 Annual Report**  
**Due June 30, 2019**  
**Filing Fee \$15.00**

**ARP**

**Exact organization name and principal office address**

BARROW MEDICAL FOUNDATION,  
265 FRANKLIN ST  
STE 20TH FL  
BOSTON MA 02110-3119

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or forms can be downloaded from our website.

**Registered Agent and Registered Office Address**

MORRIS B. FLOYD  
128 MEADOWLARK DRIVE  
RICHMOND, KY 40475-2262

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Vice President	DAVID W BARROW III
President	CHRISTOPHER T BARROW
Treasurer	CHRISTOPHER T BARROW
Secretary	BARBARA BARROW

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses default to the principal office address.

CHRISTOPHER T BARROW
DAVID W BARROW III
BARBARA BARROW

Please indicate the county in which your business operates:

County: \_\_\_\_\_

If any information below has changed, please place an "X" in the appropriate boxes.

Please indicate which of the following best describes your business:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Agriculture           | <input type="checkbox"/> Mining   | <input type="checkbox"/> Services      | <input type="checkbox"/> Construction                    |
| <input type="checkbox"/> Wholesale Trade       | <input type="checkbox"/> Retail Trade   | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services |  |  |
| <input checked="" type="checkbox"/> Other      |   |  |  |

**X**

Signature of officer Or chairman of the board (Required)

Title (Required)

Date (Required)

**TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: <http://app.sos.ky.gov/arp/0003222> OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2019.**

To file via mail

- Confirm the information is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) **must be received in the Office by June 30, 2019**
- If you file and pay online, do not return this document to the Secretary of State.



ALISON LUNDERGAN GRIMES  
SECRETARY OF STATE

P.O. Box 1150  
Frankfort Kentucky 40602-1150

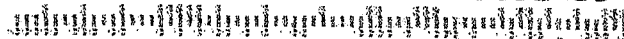
DATED MATERIAL ENCLOSED

FIRST-CLASS MAIL  
PRESORTED  
U.S. POSTAGE PAID  
FRANKFORT, KY  
PERMIT NO. 668

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