



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

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

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

*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:** 2018

**1. Corporate ID No.** 001007436

**2. Name of Corporation** Community Reinvestment Fund, Inc.

**3. State of Incorporation**

State: MN

**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 [click here](#).

NAICS Code   
813990

**4. Corporate Address in Rhode Island**

No. and Street: 450 VETERANS MEMORIAL PARKWAY  
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 801 NICOLLET MALL, SUITE 1700W

City or Town: MINNEAPOLIS State: MN Zip: 55402 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO IMPROVE THE LIVES OF DISADVANTAGED PEOPLE AND STRENGTHEN  
DISTRESSED COMMUNITIES THROUGH INNOVATIVE FINANCE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JENNIFER ANDERSON	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
SECRETARY	SALLI MARTYNIAK	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
CEO	FRANK ALTMAN	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	REZA AGHAMIRZADEH	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	FRANK ALTMAN	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	MICHAEL BANNER	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	JANIE BARRERA	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	TONY BROWN	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	EILEEN FITZGERALD	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	DON GRAVES	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	CALVIN L. HOLMES	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	KIMBERLY LATIMER-NELLIGAN	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	SALLI MARTYNIAK	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	LUTHER RAGIN JR.	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	DANIEL SPILLER	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	GERALD THOLE	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA
DIRECTOR	LAURA TRUDEAU	801 NICOLLET MALL, SUITE 1700W MINNEAPOLIS, MN 55402 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 15 Day of May, 2018 at 1:42:03 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 FRANK ALTMAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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