

## Annual Report for the year: Non-Profit Corporation -

ar: 2018 Amended

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

## 2818 JUL 30 AM 11: 31

-> Filing period. June 1 - June 30

→ Filing Fee: \$20.00

 $\rightarrow$  Penalty Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 001670442	2. Exact name of the Corporation Navigant Credit Union Charitable Foundation, Inc				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island					
	To give back to the community by supporting, promoting, and furthering charitable, educational, social service, cultural, public health, and civic organizations, activities, and				
4. NAICS Code	causes, primarily affecting communities in which Navigant Credit Union has branch offices.				
813211 - Grantmaking Foundat					
6. Principal Office Address			City	State	Zip
1005 Douglas Pike			Smithfield	RI	02917
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name Gary E. Furtado			Vice-President Name Roland R. Lachapelle		
Street Address 1005 Douglas Pike			Street Address 1005 Douglas Pike		
<sup>City</sup> Smithfield	State RI	Zip 02917	City Smithfield	State RI	<sup>Zip</sup> 02917
Secretary Name Timothy J. Draper			Treasurer Name Lisa G. Dandeneau		
Street Address 1005 Douglas Pike			Street Address 1005 Douglas Pike		
<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> 02917	City Smithfield	State RI	<sup>Zip</sup> 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
Director Name Gary E. Furtado			Director Name Roland R. Lachapelle		
Street Address 1005 Douglas Pike			Street Address 1005 Douglas Pike		
<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> 02917	City Smithfield	State RI	<sup>Zip</sup> 02917
Director Name Timothy J. Draper			Director Name Lisa G. Dandeneau		
Street Address 1005 Douglas Pike			Street Address 1005 Douglas Pike		
<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> 02917	City Smithfield	State RI	<sup>Zip</sup> 02917
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authonzed Representative, Receiver or Trustee					
Name of Officer/Authorized Representative				Date	
Lisa G. Dandeneau					_
Signature d'Office/Authorized Representative					
MAIL TO: JUL 3 0 2018					

Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos n.gov

BY A.A. IL'3LAM

FORM 631 - Revised: 11/2017



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

July 30, 2018 11:31 AM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

