



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

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

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*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:** 2022

**1. Corporate ID No.** 001670442

**2. Name of Corporation** Navigant Credit Union Charitable Foundation, Inc.

**3. State of Incorporation**

State: RI

**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

**4. Principal Office Address**

No. and Street: 1005 DOUGLAS PIKE  
City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ARTICLE III(A) OF THE ARTICLES OF INCORPORATION OF THE CORPORATION IS HEREBY AMENDED IN ITS ENTIRETY TO READ AS FOLLOWS: A: TO GIVE BACK TO THE COMMUNITY BY SUPPORTING, PROMOTING, AND FURTHERING CHARITABLE, EDUCATIONAL, CULTURAL, SCIENTIFIC, AND PUBLIC HEALTH PURPOSES, ACTIVITIES, AND CAUSES, PRIMARILY (BUT NOT EXCLUSIVELY) AFFECTING COMMUNITIES IN WHICH NAVIGANT CREDIT UNION HAS BRANCH OFFICES OR MEMBERS, INCLUDING MAKING DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE FOR SUCH PURPOSES, ACTIVITIES, AND CAUSES.

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	GARY E. FURTADO	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 US
TREASURER	LISA G DANDENEAU	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 US
SECRETARY	TIMOTHY J DRAPER	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 US
DIRECTOR	ANN M KASHMANIAN	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	JAMES K SALOME	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	GARY E. FURTADO	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	LISA G. DANDENEAU	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	TIMOTHY J. DRAPER	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 USA

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

LISA G. DANDENEAU 1005 DOUGLAS PIKE SMITHFIELD , RI 02917

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

*Signed this 1 Day of April, 2022 at 10:23:09 AM 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 LISA G. DANDENEAU  
Signature of Authorized Person

Form No. 631  
Revised 09/07