STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

***Matthew A. Brown**, Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
127857	Rhode Island Foundation for the Promotion of Peace			
3. State of Incorporation	*4. Corporate address in Rhode Island Street Address*		*City*	*Zip*
RHODE ISLAND	89 Cole Avenue		PROVIDENCE	02906-4629
5. Foreign corporation: Enter principal office address		*City*	*State*	*Zip*

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

TO PROMOTE PEACE IN THE INDIVIDUAL AND SOCIETY THROUGH THE IMPLEMENTATION OF RESEARCH-BASED PROGRAMS TO REDUCE STRESS AND VIOLENCE AND THROUGH THE CULTIVATION OF COMPLETE KNOWLEDGE THROUGH EDUCATION

7. NAMES AND ADDRESSES OF THE OFFICERS *(IF BOX FOR ATTACHMENT ☐ FILL IN SPACES BELOW AND ATTACH)*

President Name			*Vice President Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Secretary Name			*Treasurer Name*		
Peter M. Scharf			David Baldwin		
Street Address			*Street Address*		
89 Cole Avenue			115 North Bend Street		
City	*State*	*Zip*	*City*	*State*	*Zip*
Providence	RI	02906-4629	Pawtucket	RI	02860

8. NAMES AND ADDRESSES OF THE DIRECTORS *(IF BOX FOR ATTACHMENT ☐ FILL IN SPACES BELOW AND ATTACH)*
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (R.I.G.L. 7-1.2-)

Director Name			*Director Name*		
Peter M. Scharf			Marcia Kaspark		
Street Address			*Street Address*		
89 Cole Avenue			68 Spring Garden Street		
City	*State*	*Zip*	*City*	*State*	*Zip*
Providence	RI	02906-4629	Warwick	RI	02888
Director Name			*Director Name*		
David Baldwin					
Street Address			*Street Address*		
115 North Bend Street					
City	*State*	*Zip*	*City*	*State*	*Zip*
Pawtucket	RI	02860			

9. REGISTERED AGENT IN RHODE ISLAND *DO NOT ALTER Changes require filing of Form 641 -R.I.G.L. 7-1.2-13 / 7-1.2-28*

Agent Name	*Address*	
Peter M. Scharf		
Address	*City*	*Zip*
89 Cole Avenue	Providence	02906-4629

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 2 7 8 5 7 [redacted]

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By By 1782
FOR SECRETARY OF STATE USE ONLY

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.

[redacted] 18 June 2008
Signature of Officer *Date*

Peter M. Scharf
Print or Type Name of Officer

[redacted] Secretary
Title of Officer

Form 631 Rev. 6/02