



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

**Non-Profit Corporation  
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:** 2013

**1. Corporate ID No.** 000134705

**2. Name of Corporation** Rhode Island Partnership Foundation

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1283 MENDON ROAD

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

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

ENGAGED IN THE GENERATION OF FUNDS TO BE GIFTED AND/OR GRANTED TO  
VARIOUS NON-PROFIT AND/OR CHARITABLE AND/OR CIVIC ORGANIZATIONS

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

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name	Address
SECRETARY	STEPHEN A. CROSS	18 WEST RIVER PARKWAY NORTH PROVIDENCE, RI 02904 USA
PRESIDENT	DOUGLAS CANIGLIA	1283 MENDON ROAD CUMBERLAND, RI 02864- USA

DIRECTOR	PAUL MANDEVILLE	22 CEDAR STREET NARRAGANSETT, RI 02882 USA
DIRECTOR	DOUGLAS A. CANIGLIA	1283 MENDON ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	STEPHEN A. CROSS	18 WEST RIVER PARKWAY NORHT PROVIDENCE, RI 02904 USA
DIRECTOR	PAUL MANDEVILLE	22 CEDAR STREET NARRAGANSETT, RI 02882 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**

DOUGLAS CANIGLIA 1283 MENDON ROAD CUMBERLAND , RI 02864-

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

**Signed this 2 Day of May, 2013 at 11:03:56 AM.** *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 corporation, 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 DOUGLAS A. CANIGLIA  
Signature of Officer of the Corporation

President or  Vice President or  Secretary or  Assistant Secretary or  
 Treasurer or  Receiver or  Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07