



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: 2014

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
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 30 Day of April, 2014 at 8:50:40 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 DOUGLAS A. CANIGLIA
Signature of Authorized Person

Form No. 631
Revised 09/07