



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. 000793698

2. Name of Corporation Partnership for Providence Parks

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 11 WEST DRIVE

City or Town: PROVIDENCE State: RI Zip: 02906 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

TO SUPPORT VOLUNTEER GROUPS WITH A GOAL OF IMPROVING THEIR COMMUNITIES BY INVESTING IN ONE OF THE MANY NEIGHBORHOOD PARKS OF PROVIDENC RHODE ISLAND AND RELATED ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WENDY ALEXIA NILSSON	11 WEST DRIVE PROVIDENCE, RI 02904 USA
TREASURER	GEOFFRY MEEK	11 WEST DRIVE

		PROVIDENCE, RI 02904 USA
DIRECTOR	CHRISTY CLAUSSEN	11 WEST DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	MEGAN FISCHER	11 WEST DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	HELENE MILLER	179 HOPE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	PATRICIA PHILLIPS	RISD 2 COLLEGE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	BETH CHARLESBOIS	11 WEST DRIVE PROVIDENCE, RI 02904 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**

WENDY NILSSON 11 WEST DRIVE PROVIDENCE , RI 02904

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

Signed this 30 Day of June, 2014 at 6:18:56 PM 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 WENDY NILSSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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