



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.** 000589309

**2. Name of Corporation** Universal Promise

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 340 GLEN ROAD

City or Town: PORTSMOUTH

State: RI

Zip: 02871

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**

CHARITABLE RELIGIOUS EDUCATIONAL AND SCIENTIFIC PURPOSES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	MARTHA T. CUMMINGS	340 GLEN ROAD PORTSMOUTH, RI 02871 USA
TREASURER	MARTHA T. CUMMINGS	340 GLEN ROAD PORTSMOUTH, RI 02871 USA
SECRETARY	MARY WARD BURNS	369 STRATHMORE DRIVE

		BRYN MAWR, PA 19010 USA
DIRECTOR	MARTHA T. CUMMINGS	340 GLEN ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	ANJAN CHATTERJEE	435 GASKILL STREET PHILADELPHIA, PA 19147 USA
DIRECTOR	MARY WARD BURNS	369 STRATHMORE DRIVE BRYN MAWR, PA 19010 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**

CHARLES W NORMAND 50 KENNEDY PLAZA, SUITE 1500 C/O HINCKLEY, ALLEN & SNYDER LLP  
PROVIDENCE , RI 02903

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

**Signed this 7 Day of January, 2015 at 3:36:07 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 CHARLES W. NORMAND, ESQUIRE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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