



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 109574		2. Exact name of the Corporation Jewelry District Foundation for Historic and Architectural Revitalization, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote the historic preservation, protection, revitalization of the Jewelry District			
5. Principal office address 222 Chestnut Street		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Kenneth Orenstein			Vice-President Name Richard Jaffe		
Street Address 330 Lloyd Avenue			Street Address 3 Oxford Road		
City Providence	State RI	Zip 02906	City Barrington	State RI	Zip 02806
Secretary Name Janice O'Donnell			Treasurer Name Edward J. Marchwicki, Jr.		
Street Address 31 Blanding Avenue			Street Address 222 Chestnut Street		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Kenneth Orenstein			Director Name Edward J. Marchwicki, Jr.		
Street Address 330 Lloyd Avenue			Street Address 222 Chestnut Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
Director Name Janice O'Donnell			Director Name		
Street Address 31 Blanding Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

MAY 18 2015

File Date _____

Check No _____ BY 0132

By: _____

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.

Edward J. Marchwicki, Jr. 5/15/15
Signature of Officer or Authorized Representative Date

Edward J. Marchwicki, Jr.

Print or Type Name of Officer or Authorized Representative