

## 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

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation				
88876	Partners	Partnerships Make A Difference, Inc.				
3. State of Incorporation	4. Brief des	cription of the character	of business conducted in Rhode	Island		
Rhode Island	Organiz	ed exclusively for	charitable and education	al purposes.		
5. Principal office address 222 Chestnut Street			City <b>Providence</b>	State RI	Zip <b>02903</b>	
i. LIST <u>ALL</u> OFFICERS	(NAMES AND ADDI	RESSES) ("X" BOX FO	RATTACHMENT)	Park Harrist Landson		
President Name			Vice-President Name			
J. Troy Earhart			Edward J. Marchwicki, Jr.			
Street Address			Street Address			
36800 Lake Norris Road			222 Chestnut Street			
City	State	Zip	City	State	Zip	
ustis	FL	32736	Providence	RI	02903	
ecretary Name			Treasurer Name	<u> </u>	<u></u>	
Betty L. Melragon			Edward J. Marchwicki, Jr.			
Street Address			Street Address			
497 Edgevale Road			222 Chestnut Street			
ity	State	Zip	City	State	Zip	
olumbus	ОН	43221	Providence AND CORPORATIONS MUST L	RI	02903	
("X" BOX FOR ATTACHMENT)  Director Name  Troy Earhart treet Address 6800 Lake Norris Road			Director Name Edward J. Marchwicki, Jr. Street Address 222 Chestnut Street			
ity	State	Zip	City	State	Zin	
ustis	FL	32736	Providence	RI	Zip <b>02903</b>	
rector Name	L		Director Name		02303	
orraine C. Slaney			Betty L. Melragon			
reet Address			Street Address	·		
3 Royal Avenue			2497 Edgevale Road			
ty	State	Zip	City	State	Zip	
rovidence	Ri	02904	Columbus	ОН	43221	
REGISTERED AGENT	N RHODE ISLAND			14		
is Information is curre	ntly of record in the	Office of the Secretar	y of State. Changes require filin	a Form 641	<u> </u>	
is report must be signed Trustee	by either the Preside	nt, Vice-President, Secr	etary, Assistant Secretary, Treasu	rer, duly Authorized F	Representative, Rece	
File Date		FILED	Under penalty of perjury this report, including any and that all statements c	v accompanying sci	nedules and statem	
Check No	<u> </u>	1AY 1 8 2015	a II	· · · · · ·		
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FOR SECRETARY OF STATE USERINLY

Edward J. Marchwicki, Jr.

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014