



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. 88876		2. Exact name of the Corporation Partnerships Make A Difference, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Organized exclusively for charitable and educational purposes.			
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 J. Troy Earhart		Vice-President Name Edward J. Marchwicki, Jr.			
Street Address 36800 Lake Norris Road		Street Address 222 Chestnut Street			
City Eustis	State FL	Zip 32736	City Providence	State RI	Zip 02903
Secretary Name Betty L. Melragon		Treasurer Name Edward J. Marchwicki, Jr.			
Street Address 2497 Edgevale Road		Street Address 222 Chestnut Street			
City Columbus	State OH	Zip 43221	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name J. Troy Earhart		Director Name Edward J. Marchwicki, Jr.			
Street Address 36800 Lake Norris Road		Street Address 222 Chestnut Street			
City Eustis	State FL	Zip 32736	City Providence	State RI	Zip 02903
Director Name Lorraine C. Slaney		Director Name Betty L. Melragon			
Street Address 23 Royal Avenue		Street Address 2497 Edgevale Road			
City Providence	State RI	Zip 02904	City Columbus	State OH	Zip 43221
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 18 2015

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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