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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.	2. Exact name of the Corporation
589 309	**UNIVERSAL PROMISE**
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	**We raise funds in RI to provide those in impoverished regions with the academic resources needed to ensure the promotion of just, civil, and hopeful societies.**

5. Principal office address	City	State	Zip
PO BOX 128	**NEWPORT**	**RI**	**02840**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
MARTHA T. CUMMINGS	**340 GLEN ROAD**	**PORTSMOUTH**	**RI**	**02871**
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
NONE	**NONE**	**NONE**	**NONE**	**NONE**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
MARY WARD BURNS	**369 STRATHMORE**	**BRYN MAWR**	**PA**	**19010**
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
MARTHA T. CUMMINGS	**340 GLEN ROAD**	**PORTSMOUTH**	**RI**	**02871**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MARTHA T. CUMMINGS	**340 GLEN ROAD**	**PORTSMOUTH**	**RI**	**02871**
Director Name	**Street Address**	**City**	**State**	**Zip**
MARY WARD BURNS	**369 STRATHMORE**	**BRYN MAWR**	**PA**	**19010**
Director Name	**Street Address**	**City**	**State**	**Zip**
ANJAN CHATTERJEE, M.D.	**435 Gaskill Street**	**Philadelphia**	**PA**	**19147**
Director Name	**Street Address**	**City**	**State**	**Zip**
NONE	**NONE**	**NONE**	**NONE**	**NONE**

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 28 2015
BY 1057

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.

06/01/2015

Signature of Officer or Authorized Representative — Date

MARTHA T. CUMMINGS

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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