RI SOS Filing Number: 201699718490 Date: 06/02/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
88876	**Partnerships Make A Difference, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Organized exclusively for charitable and educational purposes.**

5. Principal Office Address	City	State	Zip
222 Chestnut Street	**Providence**	**RI**	**02903**

6. List ALL officers (names and addresses) Check the box to indicate an 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). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an 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 Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Edward J. Marchwicki, Jr.	**05/28/15**

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED
JUN 02 2016
BY 002565

Form No. 631
Revised: 2016
13792210-1120648