



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 001481258

2. Name of Corporation The Rob Levine & Family Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 544 DOUGLAS AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE PURPOSE OF THE CORPORATION IS: (I) TO PROMOTE AWARENESS AND EDUCATE THE GENERAL PUBLIC IN RELATION TO THE NEEDS OF CHILDREN; (II) TO PROVIDE FUNDING AND DIVERSE RESOURCES TO ORGANIZATIONS THROUGHOUT SOUTHERN NEW ENGLAND DEDICATED TO HELPING CHILDREN IN NEED; AND (III) TO CARRY ON ANY OTHER LAWFUL ACTIVITY IN SUPPORT OF AND TO BENEFIT THE ABOVE PURPOSES AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A CORPORATION UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT J. LEVINE	544 DOUGLAS AVENUE PROVIDENCE, RI 02908 USA
TREASURER	TUNI SCHATNER	544 DOUGLAS AVENUE PROVIDENCE, RI 02908 USA
SECRETARY	MISTY G. DELGADO	544 DOUGLAS AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	ROBERT J. LEVINE	544 DOUGLAS AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	TUNI SCHATNER	544 DOUGLAS AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	MISTY G. DELGADO	544 DOUGLAS AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	KIM ROSE	544 DOUGLAS AVENUE PROVIDENCE, RI 02908 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN R. GOWELL, ESQ. 317 IRON HORSE WAY SUITE 301 PROVIDENCE , RI 02908

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

Signed this 27 Day of July, 2016 at 4:45:12 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHN R. GOWELL
Signature of Authorized Person

Form No. 631
Revised 09/07