



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. 000026692

2. Name of Corporation Rhode Island Donation Exchange Program

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 94 SILVER SPRING STREET

City or Town: PROVIDENCE

State: RI Zip: 02904 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 FURNITURE BANK, CLOTHING BANK, OFFICE FURNITURE BANK (FOR NON PROFIT AGENCIES)AND THE BUILDING MATERIALS BANK

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	STUART GIANNINI	27 WALNUT STREET NORTH PROVIDENCE, RI 02904 USA
SECRETARY	JAMIE MOORE	46 SHEFFIELD ST WARWICK, RI 02889 USA

VICE PRESIDENT	ERIC COLLINS	75 MAXFIELD AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JODY ALCANTARA	75 DAWSON STREET PAWTUCKET, RI 02861 USA
DIRECTOR	RICHARD FLEISCHER	1944 WARWICK AVENUE WARWICK, RI 02889 USA
DIRECTOR	KEITH TUCKER	100 TWIN RIVER AVE LINCOLN, RI 02865 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**

JODY A. ALCANTARA 945 EDDY STREET PROVIDENCE , RI 02905

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

Signed this 17 Day of August, 2016 at 9:59:36 AM 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 JODY ALCANTARA
Signature of Authorized Person

Form No. 631
Revised 09/07