



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

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 509339		2. Exact name of the Corporation PeaceLove Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Teach art classes in hospitals and educational facilities.			
4. NAICS Code 624190 - Other Individual an					
6. Principal Office Address 999 Main Street #704		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey M. Sparr			Vice-President Name Matthew Kaplan		
Street Address 999 Main Street #704			Street Address 999 Main Street #704		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Matthew Kaplan			Treasurer Name Jeffrey M. Sparr		
Street Address 999 Main Street #704			Street Address 999 Main Street #704		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Jim Demattei			Director Name Edward Gates		
Street Address 999 Main Street #704			Street Address 999 Main Street #704		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Larry Goldstein			Director Name Brian Harris		
Street Address 999 Main Street #704			Street Address 999 Main Street #704		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
9. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Jeffrey M. Sparr					Date 5.31.17
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2017

Attachment to Annual Report

Directors (continued)

Mark Rowland
999 Main Street #704
Pawtucket, RI 02860

Doug Ulman
999 Main Street #704
Pawtucket, RI 02860

Jason Park
999 Main Street #704
Pawtucket, RI 02860

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