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	2. Exact name of the Corporation
26294	**American Civil Liberties Union Foundation of Rhode Island**
3. State of Incorporation **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island **To protect and defend civil liberties through educative and litigative means.**
4. NAICS Code 813311 - Human Rights O	

6. Principal Office Address	City	State	Zip
128 Dorrance Street, Suite 400	**Providence**	**RI**	**02903**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Cherie L. Cruz**			Vice-President Name **Maureen E. Dunnigan**		
Street Address **128 Dorrrance Street, Suite 400**			Street Address **128 Dorrance Street, Suite 400**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**
Secretary Name **Craig Cerwonka**			Treasurer Name **Debbie Flitman**		
Street Address **128 Dorrance Street, Suite 400**			Street Address **128 Dorrance Street, Suite 400**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **John Blakeslee**			Director Name **Carolyn Mannis**		
Street Address **128 Dorrance Street, Suite 400**			Street Address **128 Dorrance Street, Suite 400**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**
Director Name **H. Jefferson Melish**			Director Name **Anne Mulready**		
Street Address **128 Dorrance Street, Suite 400**			Street Address **128 Dorrance Street, Suite 400**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**

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.

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
Cherie L Cruz	6/9/2017

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

FILED
JUN 12 2017
BY 7986

FORM 631 - Revised: 05/2017