



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

Annual Report for the year:
Non-Profit Corporation

2017

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS SVCS DIV

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1. Entity ID Number 734693		2. Exact name of the Corporation Permanency Partners, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide for children, youth and families			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 153 Summer Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Caprio			Vice-President Name		
Street Address 153 Summer Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Lisa Guillette			Treasurer Name Lisa Guillette		
Street Address 55 South Brow Street			Street Address 55 South Brow Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Caprio			Director Name Aimee Mitchell		
Street Address 153 Summer Street			Street Address 153 Summer Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Lisa Guillette			Director Name Kat Keenan		
Street Address 55 South Brow Street			Street Address 55 South Brow Street		
City East Providence	State RI	Zip 02903	City East 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.					
<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 David Caprio					Date 6/14/17
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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 21 2017

BY CN 306565

FORM 631 - Revised: 05/2017