



**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:** 2017

**1. Corporate ID No.** 000072897

**2. Name of Corporation** The Partnership For Philanthropic Planning of Rhode Island

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

**4. Corporate Address in Rhode Island**

No. and Street: 302 PEARL STREET, #108

City or Town: PROVIDENCE

State: RI

Zip: 02907

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**

TO PROMOTE THE CONCEPT OF A CHARITABLE PLANNED GIVING IN THE SOUTHERN  
NEW ENGLAND AREA

**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Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	NICOLE MEDEIROS	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
VICE PRESIDENT	EMMA GREENE	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
TREASURER	JOSHUA CASWELL	1600 FINANCIAL PLAZA PROVIDENCE, RI 02903 USA
SECRETARY	KAREN FULLER	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	PERRY BUROKER	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	JOANNE DALY	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	ROBIN DZUIBA	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	JOHN GARCIA	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	EDWARD MAGRO	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	ELIZABETH MANCHESTER	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	DAVID RIEDEL	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	KEVIN STILES	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	CLAUDIA SWAIN	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	DAVID VANECH	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	RITA VERESPY	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	LINDSEY YATES-GRIMLEY	302 PEARL STREET, #108 PROVIDENCE, RI 02907 USA
DIRECTOR	CATHERINE CAMPBELL	302 PEARL STREET, #108 PROVIDENCE, RI 02907 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**

JOSHUA CASWELL 1600 FINANCIAL PLAZA PROVIDENCE , RI 02903

**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 June, 2017 at 11:02:39 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 JOSHUA CASWELL, TREASURER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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