



**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. 000051573

2. Name of Corporation Rhode Island Mentoring Partnership, Inc.

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

4. Corporate Address in Rhode Island

No. and Street: 3296 POST ROAD

City or Town: WARWICK

State: RI

Zip: 02886

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 EDUCATE DEVELOP OPERATE FUND AND SUPPORT CHARITABLE AND
EDUCATIONAL PROGRAMS AND PROJECTS WHICH WILL ENHANCE EDUCATIONAL
OPPORTUNITIES FOR THE YOUTH OF RHODE ISLAND THROUGH MENTORING TO
IMPROVE THE LIVES AND WELLBEING OF OUR CHILDREN

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JO-ANN SCHOFIELD	36 JANET DRIVE WARWICK, RI 02886 USA
SECRETARY	KATHLEEN DEMAREST	72 RICHARD STREET CRANSTON, RI 02910 USA
CHAIR	DEBRA GORMLEY	1949 FLAT RIVER ROAD COVENTRY, RI 02816 USA
VICE CHAIR	SHAMEEM AWAN	30 GROTTA AVE PROVIDENCE, RI 02906 USA
DIRECTOR	JAY HEIMGARTNER	229 SOUTH STREET BROOKLYN, RI 06234 USA
DIRECTOR	EDWARD MASTRIANO	1453 SOUTH BROADWAY EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JOHN PAGLIARINI	230 CUMBERLAND ROAD WARWICK, RI 02886 USA
DIRECTOR	MICHAEL GIANFRANCESCO	21 BEAVER CREEK COURT CRANSTON, RI 02910 USA
DIRECTOR	VINCENT SMITH	138 ALBERT AVE CRANSTON, RI 02905 USA
DIRECTOR	BRENDAN AHEARN	1 JOYCE GLEN ST WARWICK, RI 02886 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

JOSEPH J. MCGAIR 797 BALD HILL ROAD WARWICK , RI 02886

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 3:11:42 PM 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 JO-ANN L. SCHOFIELD
Signature of Authorized Person

Form No. 631
Revised 09/07

