

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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2017 JUN 27 AM 10: 40

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 Event nor	ne of the Comoratio	n			
000101470	1	Exact name of the Corporation     The Mayor Vincent A. Clanci, Jr. Library and Research Center, Inc.				
State of Incorporation     Rhode Island	TO SERVIC	5. Brief description of the character of business conducted in Rhode Island TO SERVICE AS A RESOURCE FOR THE MAINTENANCE OF VARIOUS LETTERS, PAPERS, DOCUMENTS AND OTHER ITEMS PERTAINING TO MAYOR VINCENT A. CIANCI, JR.				
4. NAICS Code 813219 - Other Grantmaking a	- 1			modili 7. dirili	., v	
6. Principal Office Address			City	State	Zip	
1865 POST ROAD			WARWICK	RI	02886	
7. List ALL officers (names and			Chec	k the box to indicat	e an attachment	
President Name DR. BRAD TURCHETTA			Vice-President Name			
Street Address 360 KENT DR			Street Address			
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip	
Secretary Name DONNA SANTOS			Treasurer Name DR. BRAD TURCHETTA			
Street Address 220 WEYBOSSET ST			Street Address 360 KENT DR			
City PROVIDENCE	State RI	Zip 02903	City EAST GREENWICH	State RI	Zip 02818	
8. List ALL directors (names and	addresses). Ri (	Corporations MUST		Check the box to indi	cate an attachment	
Director Name			Director Name			
Street Address			Street Address			
Сну	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<ol><li>Registered Agent in Rhode Isl</li></ol>	and. This informati	on is currently of recor	d in the Department of State. Changes	require filing Form 6	41.	
Under penalty of perjury, I dec statements, and that all statem	lare and affirm to nents contained	hat i have examine herein are true and	d this report, including any according	ompanying sched	ules and	
This report must be signed by either the P	resident, Vice-Preside	nt, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Repres	entetive, Receiver or Tru	stee	
Name of Officer/Authorized Representative				Date		
DR. BRAD TURCHETTA				JUNE 2 201	17	
Signature of Officer/Authorized R	presentative		FII EN			
All FO:			* ************************************			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 06/2017

## The Mayor Vincent A. Cianci, Jr. Library and Research Center, Inc. 2017 Annual Report (attachment)

## **Directors**

Dr. Brad Turchetta 360 Kent Drive East Greenwich, RI 02818

Carol Turchetta 550 Love Avenue Warwick, RI 02886

Olivia Cianci 1541 Chalkstone Avenue Providence, RI 02908

Artin Cloian 127 Dorrance Street Providence, RI 02903

Donna Santos PPAC 220 Weybosset Street Providence, RI 02903