



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2017

Non-Profit Corporation

2017 JUN 27 AM 10:40

- 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 000065662		2. Exact name of the Corporation THE CIANCI EDUCATIONAL FOUNDATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Awarding scholarships to enable Rhode Island students to attend institutions of higher education and making grants to organizations that support the arts, economic growth, urban development, health care, and education.			
4. NAICS Code 813211 - Grantmaking Foundati					
6. Principal Office Address 1865 POST ROAD			City WARWICK	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 DR. BRAD TURCHETTA				Date JUNE 27, 2017	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE					

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 27 2017

BY

[Handwritten signature] 306973

FORM 631 - Revised: 06/2017

The Ciani Educational Foundation
2017 Annual Report (attachment)

Directors

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

Carol Turchetta
550 Love Avenue
Warwick, RI 02886

Olivia Ciani
1541 Chalkstone Avenue
Providence, RI 02908

Artin Cloian
127 Dorrance Street
Providence, RI 02903

Donna Santos
PPAC
220 Weybosset Street
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