

State of Rhode Island and Providence Plantations

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

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

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. Exact name of the Corporation				
000065662	THE CIANCI EDUCATIONAL FOUNDATION				
3. State of incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Awarding scholarships to enable Rhode Island students to attend institutions of higher education				
4. NAICS Code	and making grants to organizations that support the arts, economic growth, urban development, health care, and education.				
813211 - Grantmaking Foundati	ilouisi valu <sub>i</sub> uliu buuyuuyii.				
6. Principal Office Address			City	State	Zip
1865 POST ROAD			WARWICK	RI	02886
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name DR. BRAD TURCHETTA			Vice-President Name		
Street Address 360 KENT DR			Street Address		
City EAST GREENWICH	State RI	<sup>Zip</sup> 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					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
DR. BRAD TURCHETTA				JUNE 27, 2017	
Signature of Officef/Authorized Representative  SIGN DOCUMENT HERE  ELLED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 2 7 2017

79 FORM 631 - Revised: 06/2017

## The Cianci 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 Cianci 1541 Chalkstone Avenue Providence, RI 02908

Artin Cloian 127 Dorrance Street Providence, RI 02903

Donna Santos PPAC 220 Weybosset Street Providence, RI 02903