



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

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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUL 27 AM 10:30

1. Entity ID Number 120580		2. Exact name of the Corporation ReKindling the Dream Foundation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Gathers private support to enhance the opportunities provided to youth in Providence public schools.	
4. NAICS Code 813211			
6. Principal Office Address 797 Westminister St.		City Providence	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Christopher N. Maher		Vice-President Name Nicholas Hemond	
Street Address 797 Westminister St.		Street Address 797 Westminister St.	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name VACANT		Treasurer Name Michael D'Annunzio	
Street Address _____		Street Address 797 Westminister St.	
City _____	State _____	City Providence	State RI
Zip _____		Zip 02903	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph DiPina		Director Name Michael D'Annunzio	
Street Address 797 Westminister St.		Street Address 797 Westminister St.	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Director Name Christopher Maher		Director Name Nicholas Hemond	
Street Address 797 Westminister St.		Street Address 797 Westminister St.	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Joseph P. DiPina, Jr.			Date 6/19/17
Signature of Officer/Authorized Representative <i>Joseph P. DiPina, Jr.</i>			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
 10:30
 JUL 27 2017
 BY 20309110