



**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:** 2018

**1. Corporate ID No.** 000040984

**2. Name of Corporation** Financial Planning Professionals, 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   
813920

**4. Corporate Address in Rhode Island**

No. and Street: 2400 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 PROVIDE A FORUM TO PROMOTE THE PROFESSIONALISM OF THE DESIGNATION  
CERTIFIED FINANCIAL PLANNER AND OTHER PROFESSIONAL FINANCIAL PLANNER  
DESIGNATIONS.

**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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVE JOHNSON	ONE FIRST STREET, SUITE 12 LOS ALTOS, CA 94022 USA
TREASURER	RANA CHOUBAH	10 WEYBOSSET STREET, SUITE 1000 PROVIDENCE, RI 02903 USA
SECRETARY	RANA CHOUBAH	10 WEYBOSSET STREET, SUITE 1000 PROVIDENCE, RI 02903 USA
DIRECTOR OF ADVOCACY	STEVE JOHNSON	ONE FIRST STREET, SUITE 12 LOS ALTOS, CA 94022 USA
CHAIRMAN	GARY FRIEDMANN	10 MEMORIAL BLVD., SUITE 904 PROVIDENCE, RI 02903 USA
DIRECTOR	DONNA SOWA ALLARD	14 BREAKNECK HILL RD., SUITE 202 LINCOLN, RI 02865 USA
DIRECTOR	MARA DERDERIAN	1150 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	JASON SIPERSTEIN	1000 CHAPEL VIEW BLVD., SUITE 240 CRANSTON, RI 02920 USA
DIRECTOR	NICHOLAS LORING	600 PUTNAM PIKE, SUITE 4 GREENVILLE, RI 02828 USA
DIRECTOR	COLIN MURRAY	144 SOUTH MAIN STREET BROOKLYN, CT 06234 USA
DIRECTOR	DANIEL DAPONTE	197 WARREN AVENUE EAST PROVIDENCE, RI 02914 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**

MARK A. MALE 2400 POST 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 13 Day of June, 2018 at 3:51:34 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 RANA CHOUBAH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

