



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

FILED

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JUN 25 2018

BY

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Annual Report for the year: 2018
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 88876		2. Exact name of the Corporation Partnerships Make A Difference, Inc.		
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Organized exclusively for charitable and educational purposes.		
4. NAICS Code 813219 - Other Grantmaking				
6. Principal Office Address 222 Chestnut Street		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 J. Troy Earhart		Vice-President Name Edward J. Marchwicki, Jr.		
Street Address 36800 Lake Norris Road		Street Address 222 Chestnut Street		
City Eustis	State FL	Zip 32736	City Providence	State RI Zip 02903
Secretary Name Betty L. Melragon		Treasurer Name Edward J. Marchwicki, Jr.		
Street Address 2497 Edgevale Road		Street Address 222 Chestnut Street		
City Columbus	State OH	Zip 43221	City Providence	State RI 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 J. Troy Earhart		Director Name Edward J. Marchwicki, Jr.		
Street Address 36800 Lake Norris Road		Street Address 222 Chestnut Street		
City Eustis	State FL	Zip 32736	City Providence	State RI Zip 02903
Director Name Lorraine C. Slaney		Director Name Betty L. Melragon		
Street Address 23 Royal Avenue		Street Address 2497 Edgevale Road		
City Providence	State RI	Zip 02904	City Columbus	State OH Zip 43221
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 Edward J. Marchwicki, Jr.			Date 06/19/18	
Signature of Officer/Authorized Representative <i>Edward J. Marchwicki, 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