



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

Annual Report for the year:
Non-Profit Corporation

2016

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATION DIVISION

2019 JUL 31 PM 4:16

1. Entity ID Number 000030923		2. Exact name of the Corporation THE CHARLES SAMDPERIL HUMANITARIAN MEM FND	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHARITY FOUNDATION	
4. NAICS Code 813211 - Grantmaking Foun			
6. Principal Office Address 27 DRYDEN LANE		City PROVIDENCE	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name MARCIA MEYERS		Vice-President Name	
Street Address 7485 BONDSBERRY COURT		Street Address	
City BOCA RATON	State FL	Zip 33434	
Secretary Name JAY N. ROSENSTEIN		Treasurer Name MARCIA MEYERS	
Street Address 27 DRYDEN LANE		Street Address 7485 BONDSBERRY COURT	
City PROVIDENCE	State RI	Zip 02904	
City BOCA RATON	State FL	Zip 33434	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name LISA DAVIS		Director Name AMY MOORIN	
Street Address 208 BOWEN STREET		Street Address 527 TAILSOME HILL ROAD	
City PROVIDENCE	State RI	Zip 02903	
City FAIRFIELD	State CT	Zip 06825	
Director Name DEBORAH ROSS		Director Name RICHARD SAMDPERIL	
Street Address 555 SE 6TH AVENUE		Street Address 100 HIGH STREET	
City DELRAY BEACH	State FL	Zip 3483	
City EXETER	State NH	Zip 03833	
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 JAY N. ROSENSTEIN			Date 7/1/19
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

JUL 31 2019

FORM 631 - Revised: 06/2019