



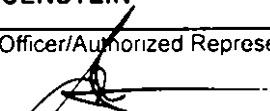
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 SECRETARY OF STATE  
 CC

Annual Report for the year: 2019  
 Non-Profit Corporation

2019 JUL 31 PM 4:17

- 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 <b>000030923</b>		2. Exact name of the Corporation <b>THE CHARLES SAMDPERIL HUMANITARIAN MEM FND</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHARITY FOUNDATION</b>			
4. NAICS Code <b>813211 - Grantmaking Foun</b>					
6. Principal Office Address <b>27 DRYDEN LANE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARCIA MEYERS</b>			Vice-President Name		
Street Address <b>7485 BONDSBERRY COURT</b>			Street Address		
City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33434</b>	City	State	Zip
Secretary Name <b>JAY N. ROSENSTEIN</b>			Treasurer Name <b>MARCIA MEYERS</b>		
Street Address <b>27 DRYDEN LANE</b>			Street Address <b>7485 BONDSBERRY COURT</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33434</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>LISA DAVIS</b>			Director Name <b>AMY MOORIN</b>		
Street Address <b>208 BOWEN STREET</b>			Street Address <b>527 TAILSOME HILL ROAD</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>FAIRFIELD</b>	State <b>CT</b>	Zip <b>06825</b>
Director Name <b>DEBORAH ROSS</b>			Director Name <b>RICHARD SAMDPERIL</b>		
Street Address <b>555 SE 6TH AVENUE</b>			Street Address <b>100 HIGH STREET</b>		
City <b>DELRAY BEACH</b>	State <b>FL</b>	Zip <b>3483</b>	City <b>EXETER</b>	State <b>NH</b>	Zip <b>03833</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>JAY N. ROSENSTEIN</b>					Date <b>7/1/19</b>
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 4:28

