



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

Annual Report for the year: 2003

Non-Profit Corporation

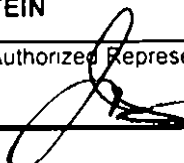
→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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2019 JUL 31 PM 4:17

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 <input type="checkbox"/>					
President Name MARCIA MEYERS			Vice-President Name		
Street Address 7485 BONDSBERRY COURT			Street Address		
City BOCA RATON	State FL	Zip 33434	City	State	Zip
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 <input type="checkbox"/>					
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