



2019 JUL 26 AM 11:18
 STATE

Annual Report for the year: **2019**

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.

2019 DEC 19 PM 12:50

1. Entity ID Number 000120580		2. Exact name of the Corporation Rekindling the Dream Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Gathers private support to enhance the opportunities provided to youth in Providence Public Schools.			
4. NAICS Code 813211 - Grantmaking Fo					
6. Principal Office Address 797 Westminster Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Maher		Vice-President Name Nicholas Hemond			
Street Address 797 Westminster Street		Street Address 797 Westminster Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name NONE		Treasurer Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 Scott Bar		Director Name Stephanie Federico			
Street Address 797 Westminster Street		Street Address 797 Westminster Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name David Ellison		Director Name Charles Ruggiero			
Street Address 797 Westminster Street		Street Address 797 Westminster Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Charles A. Ruggiero				Date 7/24/19	
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

DEC 19 2019
 KL DPPTL
 12:52