



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

Annual Report for the year: 2020

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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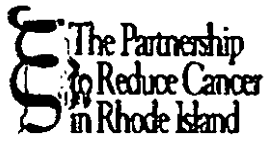
2020 MAY 21 AM 9:13

1. Entity ID Number 000794188		2. Exact name of the Corporation Partnership to Reduce Cancer in Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To reduce the burden of cancer for the residents of RI by working collaboratively to develop and implement a state cancer plan, educate and advocate on cancer, survivorship and quality of life issues.	
4. NAICS Code 813920 - Professional Org			
6. Principal Office Address 405 Promenade St.		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒			
President Name Jim Wilsey		Vice-President Name Diane Martins	
Street Address 825 Chalkstone Avenue		Street Address 39 Butterfield Rd.	
City Providence	State RI	City Kingston	State RI
Zip 02908		Zip 02881	
Secretary Name Patricia Z. Stout		Treasurer Name Warren Miller	
Street Address 235 Gibbs Avenue		Street Address 600 Mt. Pleasant St.	
City Newport	State RI	City Providence	State RI
Zip 02840		Zip 02908	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Arthur Plitt		Director Name Arthur Everly	
Street Address 44 Cook St.		Street Address 35R Milk St.	
City Pawtucket	State RI	City Blackstone	State MA
Zip 02860		Zip 01514-1101	
Director Name Abdul Saied Calvino, MD		Director Name Lynn Basilio	
Street Address 825 Chalkstone Blvd.		Street Address 931 Jefferson Blvd.	
City Providence	State RI	City Warwick	State RI
Zip 02908		Zip 02886	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Joseph Dziobek			Date 5-5-20
Signature of Officer/Authorized Representative <i>Joseph Dziobek</i>			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

MAY 21 2020

BY



Survivors, Caregivers, and Providers United Against Cancer
www.pcri.org 405 Promenade St., Providence, RI 02908 (401)369-0683

Board of Directors Addendum

Entity ID Number

000794188

Mirna Sangiovanni 985 Atwood Ave., #4 Johnston, RI 02919

Angela Hall-Jones 931 Jefferson Blvd., Warwick, RI 02886