RI SOS Filing Number: 202040627690 Date: 5/21/2020 9:17:00 AM

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

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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.

1. Entity ID Number	2. Exact name of the Corporation
000794188	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	City	State	Zip
405 Promenade St.	Providence	RI	02908

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name: Jim Willsey			Vice-President Name: Diane Martins		
Street Address: 825 Chalkstone Avenue			Street Address: 39 Butterfield Rd.		
City: Providence	State: RI	Zip: 02908	City: Kingston	State: RI	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	Zip: 02840	City: Providence	State: RI	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	Zip: 02860	City: Blackstone	State: MA	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	Zip: 02908	City: Warwick	State: RI	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	Date
Joseph Dziobek	5-5-20

Signature of Officer/Authorized Representative: Joseph Dziobek SIGN DOCUMENT HERE

FILED
MAY 21 2020
BY 9:17

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

FORM 631 - Revised: 06/2019

The Partnership to Reduce Cancer in Rhode Island

Survivors, Caregivers, and Providers United Against Cancer
www.prcri.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