



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.

FILED MP

MAY 27 2020

BY 0142

1. Entity ID Number 000109574		2. Exact name of the Corporation The Jewelry District Foundation For Historic Revitalizati			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote the historic preservation, protection and revitalization of the Jewelry District			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 222 Chestnut Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sharon Steele			Vice-President Name Olin Thompson		
Street Address 95 Chestnut Street			Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Lewis D. Dana			Treasurer Name Lorraine C. Slaney		
Street Address 116 Chestnut Street			Street Address 222 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Sharon Steele			Director Name Olin Thompson		
Street Address 95 Chestnut Street			Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Lewis D. Dana			Director Name E. Anthony Santurri		
Street Address 116 Chestnut Street			Street Address 100 Dorrance 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 Lorraine C. Slaney				Date May 22, 2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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Website: www.sos.ri.gov