



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000040984

2. Name of Corporation Financial Planning Professionals, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

4. Corporate Address in Rhode Island

No. and Street: 2400 POST ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE A FORUM TO PROMOTE THE PROFESSIONALISM OF THE DESIGNATION
CERTIFIED FINANCIAL PLANNER AND OTHER PROFESSIONAL FINANCIAL PLANNER
DESIGNATIONS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JASON SIPERSTEIN	1000 CHAPEL VIEW BLVD, STE 240 CRANSTON, RI 02920 USA
TREASURER	NICHOLAS LORING	600 PUTNAM PIKE, STE 4 GREENVILLE, RI 02828 USA
PRESIDENT-ELECT	MACKENZIE RICHARDS	50 HOLDEN ST PROVIDENCE, RI 02908 USA
CHAIRPERSON	DONNA SOWA ALLARD	14 BREAKNECK HILL RD, STE 202 LINCOLN, RI 02865 USA
DIRECTOR	MARA DERDERIAN	1150 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	STEVE JOHNSON	ONE FIRST STREET, SUITE 12 LOS ALTOS, CA 94022 USA
DIRECTOR	NATHAN BEAUVAIS	14 BREAKNECK HILL RD, STE 202 LINCOLN, RI 02865 USA
DIRECTOR	JASON ARCHAMBAULT	50 HOLDEN ST PROVIDENCE, RI 02908 USA
DIRECTOR	COLIN MURRAY	560 MENDON RD CUMBERLAND, RI 02864 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARK A. MALE 2400 POST ROAD WARWICK , RI 02886

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of June, 2020 at 3:07:16 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By NICHOLAS LORING
Signature of Authorized Person

Form No. 631
Revised 09/07