



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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 BUS SVCS DIV  
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|  |                 |   |  |                          |                     |
|--|-----------------|---|--|--------------------------|---------------------|
| 1. Entity ID Number<br><b>001694962</b>  |                 | 2. Exact name of the Corporation<br><b>RHODE ISLAND POLITICAL COOPERATIVE</b>   |  |                          |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>PROVIDE SERVICES FOR CAMPAIGNS AND ADVOCACY ORGANIZATIONS</b> |  |                          |                     |
| 4. NAICS Code<br><b>541618</b>   |                 |   |  |                          |                     |
| 6. Principal Office Address<br><b>145 PARKHURST RD</b>   |                 |   | City<br><b>WARWICK</b>                     | State<br><b>RI</b>       | Zip<br><b>02889</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |  |                          |                     |
| President Name <b>JEANINE CALKIN</b>   |                 |   | Vice-President Name <b>JENNIFER ROURKE</b> |                          |                     |
| Street Address <b>23 FAIRHAVEN AVE</b>   |                 |   | Street Address <b>145 PARKHURST RD</b>     |                          |                     |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02889</b>  | City <b>WARWICK</b>                        | State <b>RI</b>          | Zip <b>02889</b>    |
| Secretary Name <b>MATTHEW BROWN</b>  |                 |   | Treasurer Name                             |                          |                     |
| Street Address <b>91 WILLIAMS ST</b>   |                 |   | Street Address                             |                          |                     |
| City <b>PROVIDENCE</b>   | State <b>RI</b> | Zip <b>02906</b>  | City                                       | State                    | Zip                 |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |  |                          |                     |
| Director Name <b>JEANINE CALKIN</b>  |                 |   | Director Name <b>JENNIFER ROURKE</b>       |                          |                     |
| Street Address <b>23 FAIRHAVEN AVE</b>   |                 |   | Street Address <b>145 PARKHURST RD</b>     |                          |                     |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02889</b>  | City <b>WARWICK</b>                        | State <b>RI</b>          | Zip <b>02889</b>    |
| Director Name <b>MATTHEW BROWN</b>   |                 |   | Director Name                              |                          |                     |
| Street Address <b>91 WILLIAMS ST</b>   |                 |   | Street Address                             |                          |                     |
| City <b>PROVIDENCE</b>   | State <b>RI</b> | Zip <b>02906</b>  | City                                       | State                    | Zip                 |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                 |   |  |                          |                     |
| <b>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.</b>        |                 |   |  |                          |                     |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>                                 |                 |   |  |                          |                     |
| Name of Officer/Authorized Representative<br><b>JENNIFER ROURKE</b>  |                 |   |  | Date<br><b>6/13/2020</b> |                     |
| Signature of Officer/Authorized Representative<br>   |                 |   |  | <b>FILED</b>             |                     |
|  |                 |   |  | JUN 17 2020              |                     |
|  |                 |   |  | BY <u>106 A.A.</u>       |                     |