RI SOS Filing Number: 202044052010 Date: 7/1/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

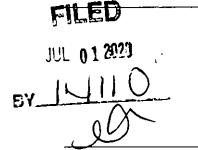
Annual Report for the year: Non-Profit Corporation

2020

→ 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	of the Corporation	 			
000030923	THE CHARLES SAMDPERIL HUMANITARIAN '(),					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island memorial					
RHODE ISLAND	CHARITY FOUNDATION FUNCE					
4 NAICS Code 813211 - Grantmaking Fou					, 00	
6. Principal Office Address			City	State	Zıp	
30 CHAPEL VIEW BLVD., SU	IITF 220		CRANSTON	RI	02920	
7. List ALL officers (names and ac				Check the box to indi		
President Name MARCIA MEYER			Vice-President Name			
Street Address 7485 BONDSBE			Street Address			
City BOCA RATON	State FL	Zip 33434	City	State	Zip	
Secretary Name JAY N. ROSEN	 Stein	<u> </u>	Treasurer Name MARCIA MI	easurer Name MARCIA MEYERS		
Street Address PO BOX 9567			Street Address 7485 BONDSBERRY COURT			
City PROVIDENCE	State RI	Zip 02940	City BOCA RATON	State FL	Zip 33434	
8 List ALL directors (names and a	<u> </u>	rporations MUST	list at least THREE directors			
Director Name LISA DAVIS			Director Name AMY MOOR	Check the box to indi	cate an attachment	
Street Address 208 BOWEN STREET			Street Address 527 TAILSOME HILL ROAD			
City PROVIDENCE	State RI	^{Zip} 02903	City FAIRFIELD	State CT	^{Zip} 06825	
Director Name DEBORAH ROSS			Director Name RICHARD SAMDPERIL			
Street Address 555 SE 6TH AVENUE			Street Address 100 HIGH STREET			
City DELRAY BEACH	State FL	Zip 33483	City EXETER	State RI	^{Zip} 03833	
9 Registered Agent in Rhode Isla	and This information	is currently of reco	rd in the Department of State. Chan	ges require filing Form 6	541.	
Under penalty of perjury, I decl statements, and that all statem				ccompanying sched	dules and	
This report must be signed by either the Pr	esident, Vice-President	. Secretary, Assistant :	Secretary, Treasurer, duly Authonzed Rep	presentative, Receiver or Tri	ustoe	
Name of Officer/Authorized Representative JAY N. ROSENSTEIN				Date 6/1/2020		
Signature of Officer/Authorized Re	eprésentative	SIGN DOC	CUMENT HERE	I.,		

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov