



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

JUL 01 2020

BY

14110
[Signature]

1. Entity ID Number 000030923		2. Exact name of the Corporation THE CHARLES SAMDPERIL HUMANITARIAN			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHARITY FOUNDATION <i>memorial Foundation</i>			
4. NAICS Code 813211 - Grantmaking Fou					
6. Principal Office Address 30 CHAPEL VIEW BLVD., SUITE 220			City CRANSTON	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARCIA MEYERS			Vice-President Name		
Street Address 7485 BONDSBERRY COURT			Street Address		
City BOCA RATON	State FL	Zip 33434	City	State	Zip
Secretary Name JAY N. ROSENSTEIN			Treasurer 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 addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LISA DAVIS			Director Name AMY MOORIN		
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 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 JAY N. ROSENSTEIN					Date 6/1/2020
Signature of Officer/Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov