



RI SOS Filing Number: 202044484190 Date: 7/8/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUL 08 2020

2069


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.

1. Entity ID Number 001665311		2. Exact name of the Corporation WP Support Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island See Attached			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address c/o WaterFire Providence 475 Valley Street			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lee Valentini			Vice-President Name		
Street Address 207A Waterman Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Barnaby M. Evans			Treasurer Name Peter A. Mello		
Street Address 101 Regent Avenue			Street Address 475 Valley Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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 Roger Bergenheim			Director Name Barnaby M. Evans		
Street Address 82 Beacon Avenue			Street Address 101 Regent Avenue		
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02908
Director Name Peter A. Mello			Director Name Lee Valentini		
Street Address 475 Valley Street			Street Address 270A Waterman Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
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 Peter A. Mello				Date	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov