



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2020

JUL 27 2020

Non-Profit Corporation

BY 44455976
DS

- 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 000120580		2. Exact name of the Corporation Rekindling the Dream Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Gathers private support to enhance the opportunities provided to the youth in Providence Public Schools			
4. NAICS Code 813211 - Grantmaking Fo					
6. Principal Office Address 797 Westminster Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Harrison Peters			Vice-President Name Nicholas Hemond		
Street Address 797 Westminster Street			Street Address 797 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Scott Barr			Director Name Stephanie Federico		
Street Address 797 Westminster Street			Street Address 797 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name David Ellison			Director Name Charles Ruggiero		
Street Address 797 Westminster Street			Street Address 797 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 <i>Harrison Peters</i>				Date <i>6/1/2020</i>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov