RI SOS Filing Number: 202192592620 Date: 2/22/2021 3:39:00 PM

State of Rhode Island

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB 22 PM 3:37

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	2. Exact name of the Corporation
001683469	**Savvy Giving By Design Rhode Island, Inc.**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Savvy Giving by Design Rhode Island provides comfort, support and healing for chilrdren facing medical crisis by transforming their spaces at no cost to them.
4. NAICS Code: 813219 - Other Grantmaking a	

6. Principal Office Address	City	State	Zip
650 Ten Rod Road	North Kingstown	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Janelle B. Photopoulos			Vice-President Name: Melissa Walker		
Street Address: 432 Sylvan Court			Street Address: 2 Rhodes Way		
City: Saunderstown	State: RI	Zip: 02874	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Danielle Medina			Treasurer Name: Melissa Murray		
Street Address: 7 Foster Way			Street Address: 1 New Road, Apt. A3		
City: East Greenwich	State: RI	Zip: 02818	City: Rumford	State: RI	Zip: 08916

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Janelle B. Photopoulos			Director Name: Melissa Walker		
Street Address: 432 Sylvan Court			Street Address: 2 Rhodes Way		
City: Saunderstown	State: RI	Zip: 02874	City: East Greenwich	State: RI	Zip: 02818
Director Name: Danielle Medina			Director Name: Melissa Murray		
Street Address: 7 Foster Way			Street Address: 1 New Road, A3		
City: East Greenwich	State: RI	Zip: 02818	City: Rumford	State: RI	Zip: 02916

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Janelle B. Photopoulos	02/12/2021

Signature of Officer/Authorized Representative: Janelle B. Photopoulos

FILED m

FEB 22 2021

BY CuJZNBA

3:39

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

FORM 631 - Revised: 08/2020