RI SOS Filing Number: 202193705470 Date: 3/8/2021 2:34:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
001690388	Contributor Development Partnership, PBC			
3. Principal Office Address		City	State	Zip
Ten Guest Street, Fifth Floor		Boston	MA	02135
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561499	Fundraising counsel on behalf of public media orgnaizations			
5. State of Incorporation				
DE				

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

President Name: Michal Heiplik			Vice-President Name: None		
Street Address: Ten Guest Street			Street Address:		
City: Boston	State: MA	Zip: 02135	City:	State:	Zip:
Secretary Name: Laurie Hurtt			Treasurer Name: James J. Howard III		
Street Address: Ten Guest Street			Street Address: Ten Guest Street		
City: Boston	State: MA	Zip: 02135	City: Boston	State: MA	Zip: 02135

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

Director Name: Jonathan Abbott			Director Name: Charles Longfield		
Street Address: Ten Guest Street			Street Address: Ten Guest Street		
City: Boston	State: MA	Zip: 02135	City: Boston	State: MA	Zip: 02135
Director Name: Jeffrey Rayport			Director Name: Nicholas Ward		
Street Address: Ten Guest Street			Street Address: Ten Guest Street		
City: Boston	State: MA	Zip: 02135	City: Boston	State: MA	Zip: 02135

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
89,767	A Common Stock	$0.001/share
0	B Common Stock	$0.001/share

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Laurie Hurtt	3/5/2021

Signature of Authorized Representative: Laurie Hurtt

FILED
MAR - 8 2021
2:34
BY GMW575

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 630 - Revised: 08/2020