RI SOS Filing Number: 202198983440 Date: 7/2/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

FILED

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation					
000115667	The Carol A. Peterson Foundation					
State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, specifically, a private foundation as set forth in Section 509 of the Internal Revenue Code					
4. NAICS Code						
813910 - Business Associations						
6. Principal Office Address			City	State	Zip	
One Citizens Plaza, Suite 530)		Providence	RI	02903	
7. List ALL officers (names and add	dresses)			Check the box to indic	ate an attachment 🗸	
President Name Carol A Peterson			Vice-President Name Edward P. Pieroni			
Street Address 28 Bradford Road			Street Address 1275 Wampanoag Trail - Suite 1			
^{City} Cranston	State RI	^{Zip} 02910	City East Providence	State RI	^{Z_{IP}} 02915	
Secretary Name Melissa K. Burnett-Testa			Treasurer Name Carol A. Peterson			
Street Address One Citizens Plaza Suite 530		Street Address 28 Bradford Road				
^{City} Providence	State RI	^{Zip} 02903	City Cranston	State RI	^{Zip} 02910	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Carol A. Peterson			Director Name Edward P. Pie			
Street Address 28 Bradford Road			Street Address 1275 Wampanoag Trail - Suite 1			
^{City} Cranston	State RI	^{Zip} 02910	City East Providence	State RI	^{Zip} 02915	
Director Name Melissa K. Burnett-Testa			Director Name			
Street Address One Citizens Plaza, Suite 530			Street Address			
^{City} Providence	State RI	^{Zip} 02903	City	State	Žip	
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, duty Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative Melissa K. Burnett-Testa, Secretary Date 18 18 18 18 18 18 18 18 18 18 18 18 18					2021	
Signature of Officer/Authorized Representative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

EXHIBIT A

TO

2021 RHODE ISLAND NONPROFIT CORPORATION ANNUAL REPORT

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THE CAROL A. PETERSON FOUNDATION (ID# 000115667)

7. Names and Addresses of the Officers (cont.):

Title	Name and Address
Assistant Treasurer	Edward P. Pieroni
	1275 Wampanoag Trail – Suite 1
	East Providence, Rt 02915

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