



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation**

**Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2021**

**1. Corporate ID No.** 000870015

**2. Name of Corporation** The Confetti Foundation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 212 OLD AIRPORT ROAD

City or Town: MIDDLETOWN

State: RI Zip: 02842 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: I WOULD LIKE TO PROVIDE PARTY WARE GOODS FOR CHILDREN IN LOCAL HOSPITALS WHO HAVE TO SPEND

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THEIR BIRTHDAY IN THE HOSPITAL.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	STEPHANIE FRAZIER GRIMM	212 OLD AIRPORT ROAD MIDDLETOWN, RI 02842 USA
TREASURER	MOLLY MCSHANE KELLY	470 TEN ROD RD NORTH KINGSTOWN, RI 02852 US
SECRETARY	MARY ELLEN E FRAZIER	168 RIDGEWOOD RD MIDDLETOWN, RI 02842 US
VICE PRESIDENT	EDWIN PAUL GRIMM II	191 JOHN KESSON LANE MIDDLETOWN, RI 02842 US
DIRECTOR	SIERRA ZSCHIRNT	464 FOREST AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	ALISON PHILLIPS	4245 NORTH HAMLIN CHICAGO, IL 60618 US
DIRECTOR	JULIANNE SMITH	3802 BENTON STREET NW WASHINGTON, DC 20007 US

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

STEPHANIE FRAZIER GRIMM 191 JOHN KESSON LANE MIDDLETOWN , RI 02842

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

**Signed this 8 Day of July, 2021 at 11:13:00 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By STEPHANIE FRAZIER GRIMM

Signature of Authorized Person

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Form No. 631  
Revised 09/07