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. 001669236

2. Name of Corporation Partnership for Rhode Island

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

813990

4. Principal Office Address

No. and Street: ONE UNION STATION
City or Town: PROVIDENCE State: RI Zip: 02903 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

EXCLUSIVELY FOR CHARITABLE EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN SECTION 501C3 OF THE INTERNAL REVENUE CODE OF 1986 MORE SPECIFICALLY THE CORPORATION WILL BRING TOGETHER CHEIF EXECUTIVE OFFICERS FROM RI LEADING BUSINESSES AND INSTITUTIONS TO BRING ABOUT CIVIC BETTERMENDS TACKLE SYSTEM ISSUES AND ACHIEVE LASTING OMPROVMENT IN THE STATES ECONOMY IN COLLABORATION WITH PUBLIC OFFICALS AND BUSINESS CIVIC LEADERS

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS LAWSON	270 CENTRAL AVENUE JOHNSTON, RI 02919 USA
TREASURER	NEIL STEINBERG	ONE UNION STATION PROVIDENCE, RI 02903 USA
SECRETARY	THOMAS GILBANE	7 JACKSON WALKWAY PROVIDENCE, RI 02903 USA
VICE PRESIDENT	KAREN LYNCH	ONE UNION STATION PROVIDENCE, RI 02903 USA
EXECUTIVE DIRECTOR	TOM GIORDANO	ONE UNION STATION PROVIDENCE, RI 02903 USA
DIRECTOR	RENATO ASCOLI	10 MEMORIAL BOULEVARD PROVIDENCE , RI 02903 USA
DIRECTOR	ROBERT A. DIMUCCIO	100 AMICA WAY LINCOLN, RI 02865 USA
DIRECTOR	THOMAS GILBANE	7 JACKSON WALKWAY PROVIDENCE, RI 02903 USA
DIRECTOR	BRIAN GOLDNER	1027 NEWPORT AVENUE PAWTUCKET, RI 02861 USA
DIRECTOR	KEVIN GRANEY	75 EASTERN POINT ROAD GROTON, CT 06340 USA
DIRECTOR	THOMAS LAWSON	270 CENTRAL AVENUE JOHNSTON, RI 02919-4949 USA
DIRECTOR	BRIAN MOYNIHAN	100 N. TRYON STREET CHARLOTTE, NC 28255 USA
DIRECTOR	JONATHAN M. NELSON	50 KENNEDY PLAZA, 18TH FLOOR PROVIDENCE, RI 02903 USA
DIRECTOR	CHRISTINA PAXSON	BOX 1860 PROVIDENCE, RI 02912 USA
DIRECTOR	NEIL STEINBERG	ONE UNION STATION PROVIDENCE, RI 02903 USA
DIRECTOR	BRUCE VAN SAUN	1 CITIZENS PLAZA PROVIDENCE, RI 02903 USA
DIRECTOR	MARTHA WOFFORD	500 EXCHANGE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN GALVIN	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	KAREN LYNCH	ONE UNION STATION PROVIDENCE, RI 02903 USA
DIRECTOR	RENATO ASCOLI	10 MEMORIAL BOULEVARD PROVIDENCE, RI 02903 USA

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

HASLAW, INC. 100 WESTMINSTER STREET, SUITE 1500 C/O HINCKLEY, ALLEN & SNYDER LLP PROVIDENCE , RI 02903

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

Signed this 29 Day of July, 2021 at 9:23:55 PM 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 /TOM GIORDANO/
Signature of Authorized Person

Form No. 631
Revised 09/07