RI SOS Filing Number: 202100199350 Date: 8/18/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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.

FILED
AUG 18 2021
BY 816868

1. Entity ID Number	2. Exact name of the Corporation
001665311	WP Support Corporation
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: See Attached
4. NAICS Code: 813219 - Other Grantmaking	

6. Principal Office Address	City	State	Zip
WaterFire Providence 475 Valley Street	Providence	RI	02908

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

President Name: Lee Valentini			Vice-President Name		
Street Address: 207A Waterman Street			Street Address		
City: Providence	State: RI	Zip: 02906	City	State	Zip
Secretary Name: Barnaby M. Evans			Treasurer Name: Peter A. Mello		
Street Address: 101 Regent Avenue			Street Address: 475 Valley Street		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908

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

Director Name: Roger Bergenheim			Director Name: Barnaby M. Evans		
Street Address: 82 Beacon Avenue			Street Address: 101 Regent Avenue		
City: Warwick	State: RI	Zip: 028889	City: Providence	State: RI	Zip: 02908
Director Name: Peter A. Mello			Director Name: Lee Valentini		
Street Address: 475 Valley Street			Street Address: 270A Waterman Street		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02906

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
Peter A. Mello	7/21/21

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

FORM 631 - Revised: 08/2020