



**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BY 2616
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|--|-----------------|---|--|--------------------|------------------------|
| 1. Entity ID Number 000065662 | | 2. Exact name of the Corporation The Cianci Educational Foundation | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island To promote financial aid for post-secondary education and grants for nonprofit organizations. | | | |
| 4. NAICS Code 813211 | | | | | |
| 6. Principal Office Address 1865 Post Road - Suite 206 | | | City Warwick | State RI | Zip 02886 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Brad Turchetta | | | Vice-President Name | | |
| Street Address 1865 Post Road - Suite 206 | | | Street Address | | |
| City Warwick | State RI | Zip 02886 | City | State | Zip |
| Secretary Name Carol Turchetta | | | Treasurer Name Brad Turchetta | | |
| Street Address 550 Love Lane | | | Street Address 1865 Post Road - Suite 206 | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Brad Turchetta | | | Director Name Olivia Cianci | | |
| Street Address 1865 Post Road - Suite 206 | | | Street Address 1541 Chalkstone Avenue | | |
| City Warwick | State RI | Zip 02886 | City Providence | State RI | Zip 02908 |
| Director Name Carol Turchetta | | | Director Name Artin Coloian | | |
| Street Address 550 Love Lane | | | Street Address 127 Dorrance Street | | |
| City Warwick | State RI | Zip 02886 | City Providence | State RI | Zip 02903 |
| 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative BRAD TURCHETTA | | | | | Date 5/26/23 |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:
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