RI SOS Filing Number: 202448648530 Date: 3/13/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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.

1. Entity ID Number	2. Exact name of the Corporation
000734693	Permanency Partners, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To provide for children youth and families
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
153 Summer Street	Providence	RI	02903

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

President Name: David Caprio			Vice-President Name:		
Street Address: 153 Summer Street			Street Address:		
City: Providence	State: RI	Zip: 02903	City:	State:	Zip:
Secretary Name: Lisa Guillette			Treasurer Name: Lisa Guillette		
Street Address: 55 South Brow Street			Street Address: 55 South Brow Street		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

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

Director Name: Bob Hagberg			Director Name: David Caprio		
Street Address: 153 Summer Street			Street Address: 153 Summer Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: Lisa Guillette			Director Name: Ronald Contrearas		
Street Address: 55 South Brow Street			Street Address: 153 Summer Street		
City: East Providence	State: RI	Zip: 02914	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.

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
David Caprio	3/5/24

Signature of Officer/Authorized Representative: David Caprio

FILED

MAR 13 2024
BY ML 51061

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 12/2023