	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029		
1630	(401) 222-30)40	
Non-Profit Corporation			
Annual Report Filing Period: February 1 - May	/ 1		
In accordance with R.I.G.L. 7-6 annual report within the time p penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·		
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>	
1. Corporate ID No. <u>0000</u>	<u>65662</u>		
2. Name of Corporation <u>THE</u>	CIANCI EDUCATIONA	L FOUNDATION	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
Using the dropdown labeled N primary type of activity in which populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the dro the NAICS Code is known	pdown will
NAICS Code			
<u>813211</u>			
4. Principal Office Address			
No. and Street: <u>1865 P</u> <u>STE 20</u>	<u>OST ROAD</u> 16		
City or Town: <u>WARW</u>	<u>/ICK</u> State: <u>F</u>	<u>RI</u> Zip: <u>02886</u> Cor	untry: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Cond	ucted in Rhode Island	
TO PROMOTE FINANCIA	L AID FOR POST-SECON	DARY EDUCATION.	
6. Names and Addresses of t	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	Address	s
/			

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	BRAD TURCHETTA	1865 POST RD - STE 206 WARWICK, RI 02886 USA	
TREASURER	DR. BRAD TURCHETTA	360 KENT DRIVE EAST GREENWICH, RI 02818 USA	
SECRETARY	CAROL TURCHETTA	550 LOVE LANE WARWICK, RI 02886 USA	
DIRECTOR	OLIVIA CIANCI	1541 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA	
DIRECTOR	ARTIN COLOIAN	127 DORRANCE STREET PROVIDENCE, RI 02903 USA	
DIRECTOR	CAROL TURCHETTA	550 LOVE LANE WARWICK, RI 02886 USA	
DIRECTOR	DR. BRAD TURCHETTA	360 KENT DRIVE EAST GREENWICH, RI 02818 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

RITA MARCOTTE 43 FREEDOM DRIVE CRANSTON , RI 02920

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

Signed this 22 Day of April, 2024 at 2:57:59 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 <u>BRAD TURCHETTA</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved