



**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: February 1 - May 1

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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001751652

2. Name of Corporation The John and Pat Tarantino Charitable Foundation

3. State of Incorporation

State: RI

NAICS CODE

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

813219

4. Principal Office Address

No. and Street: 1 CITIZENS PLAZA

8TH FLOOR

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING, FOR SUCH PURPOSES, TO ADVANCE RESEARCH, EDUCATION, TRAINING, AND ADVOCACY WITH RESPECT TO THE PREVENTION, DETECTION, TREATMENT, MANAGEMENT AND THE EVENTUAL CURE OF PANCREATIC CANCER AND TO PROVIDE SUPPORT TO PHYSICIANS, RESEARCHERS, HEALTH CARE WORKERS, PATIENTS, THEIR FAMILIES AND CAREGIVERS. THE CORPORATION MAY CONDUCT ANY LAWFUL ACTIVITIES

THAT MAY BE NECESSARY, USEFUL, OR DESIRABLE FOR THE FURTHERANCE OF THE FOREGOING PURPOSES, WHETHER DIRECTLY OR INDIRECTLY, WHETHER ALONE OR IN CONJUNCTION WITH OTHER INDIVIDUALS OR ORGANIZATIONS, INCLUDING THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS DESIGNATED BY THE CORPORATION THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (OR THE CORRESPONDING PROVISIONS OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW) AND THE RULES AND REGULATIONS PROMULGATED THEREUNDER (THE CODE). THE CORPORATION SHALL BE AUTHORIZED TO RAISE FUNDS TO SUPPORT THOSE PURPOSES FROM PUBLIC AND PRIVATE SOURCES AND TO SPEND THOSE FUNDS IN FURTHERANCE OF ITS PURPOSES.

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
INCORPORATOR	KATHRYN S. WINDSOR	ADLER POLLOCK & SHEEHAN P.C., 1 CITIZENS PLAZA, 8TH FL. PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN A. TARANTINO	125 CLIFFORD STREET, UNIT 454 PROVIDENCE, RI 02903 USA
DIRECTOR	BARBARA PAPIITTO	6 WATER VALLEY ROAD HOPE, RI 02831 USA
DIRECTOR	EDWARD PIERONI	1275 WAMPANOAG TRAIL, SUITE 1 EAST PROVIDENCE, RI 02915 USA
DIRECTOR	HOWARD SAFRON	RHODE ISLAND HOSPITAL, 593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SENDURAI MANI	1 HOPPIN STREET, ROOM NO. 5.26 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

ADLER POLLOCK & SHEEHAN P.C. 1 CITIZENS PLAZA 8TH FLOOR 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 8 Day of May, 2024 at 4:00:03 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 JOHN A. TARANTINO, ESQUIRE
Signature of Authorized Person

Form No. 631
Revised 09/07

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