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State of Rhode Island  
Department of State - Business Services Division

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 <b>1758591</b>		2. Exact name of the Corporation <b>CPG FOUNDATION</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>NON PROFIT FOUNDATION PRIMARY PURPOSE TO RECEIVE DONATED FURNITURE AND REDISTRIBUTE TO NONPROFIT NEED THRU 188 FURNITURE SALE</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>4494 POST ROAD UNIT 6</b>			City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02918</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>NED MURTHA</b>			Vice-President Name		
Street Address <b>4494 POST RD</b>			Street Address		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02918</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <b>KAREN MURTHA</b>			Director Name <b>COURTNEY MURTHA</b>		
Street Address <b>4494 POST ROAD</b>			Street Address <b>4494 POST ROAD</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02918</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02918</b>
Director Name <b>NORMAN MURTHA</b>			Director Name		
Street Address <b>7 MAIN ST</b>			Street Address		
City <b>WICKFORD</b>	State <b>RI</b>	Zip <b>02883</b>	City	State	Zip
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 <b>NED MURTHA</b>			FILED JUN 26 2024 BY <b>DBM90</b>		Date <b>6/26/24</b>
Signature of Officer/Authorized Representative <i>Ned Murtha</i>					

MAIL TO:  
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