



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 24 2025

BY

Annual Report for the year: 2025

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 000115667		2. Exact name of the Corporation The Carol A. Peterson Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, specifically, a private foundation as set forth in Section 509 of the Internal Revenue Code			
4. NAICS Code 813219					
6. Principal Office Address One Citizens Plaza, Suite 530		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Carol A. Peterson			Vice-President Name Edward P. Pieroni		
Street Address 28 Bradford Road			Street Address 1275 Wampanoag Trail - Suite 1		
City Cranston	State RI	Zip 02910	City East Providence	State RI	Zip 02915
Secretary Name Melissa K. Burnett-Testa			Treasurer Name Carol A. Peterson		
Street Address One Citizens Plaza, Suite 530			Street Address 28 Bradford Road		
City Providence	State RI	Zip 02903	City Cranston	State RI	Zip 02910
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 Carol A. Peterson			Director Name Edward P. Pieroni		
Street Address 28 Bradford Road			Street Address 1275 Wampanoag Trail - Suite 1		
City Cranston	State RI	Zip 02910	City East Providence	State RI	Zip 02915
Director Name Melissa K. Burnett-Testa			Director Name		
Street Address One Citizens Plaza, Suite 530			Street Address		
City Providence	State RI	Zip 02903	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Carol A. Peterson, President					Date 3/17/25
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

THE CAROL A. PETERSON FOUNDATION
(Entity ID Number: 000115667)

EXHIBIT A
TO
2025 RHODE ISLAND NONPROFIT CORPORATION ANNUAL REPORT

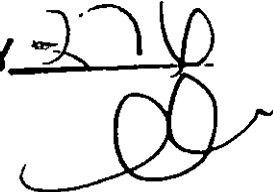
7. Names and Addresses of the Officers (cont.):

Title	Name and Address
Assistant Treasurer	Edward P. Pieroni 1275 Wampanoag Trail – Suite 1 East Providence, RI 02915

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A handwritten signature in black ink, appearing to be "E. Pieroni", written over a horizontal line.