

**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 2025:** 2025**1. Corporate ID No.** 000051578**2. Name of Corporation** TPC Social Ventures, Inc.**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

813920**4. Principal Office Address**No. and Street: 50 SHARPE DRIVECity or Town: CRANSTONState: RIZip: 02920Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**EMPLOYMENT AND TRAINING WORKSHOPS**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|------------------------------------------------|------------------------------------------------------------|
|-------|------------------------------------------------|------------------------------------------------------------|

|           |                                       |                                                                     |
|-----------|---------------------------------------|---------------------------------------------------------------------|
| TREASURER | STEPHEN E. BURKE                      | 345 BLACKSTONE BOULEVARD<br>PROVIDENCE, RI 02905 USA                |
| DIRECTOR  | LISA TOMASSO                          | 405 PROMENADE STREET, SUITE C<br>PROVIDENCE, RI 02908 USA           |
| DIRECTOR  | JENNIFER HEALEY                       | 345 BLACKSTONE BLVD<br>PROVIDENCE, RI 02906 USA                     |
| DIRECTOR  | BENJAMIN R. ISAIAH                    | 530 NORTH MAIN STREET<br>PROVIDENCE, RI 02904 USA                   |
| PRESIDENT | JILLIAN R. ROY, MBA, MSN, RN,<br>QHMP | 528 NORTH MAIN ST.<br>PROVIDENCE, RI 02904 USA                      |
| DIRECTOR  | JEAN MANTAIA                          | REGINE PRINTING, 208 LAUREL HILL AVENUE<br>PROVIDENCE, RI 02909 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**

ASHLEY TAYLOR 350 DUNCAN DRIVE PROVIDENCE , RI 02906

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

**Signed this 5 Day of August, 2025 at 12:42:36 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 JILLIAN R. ROY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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