



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.

REC'D RIDOS BSD
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1. Entity ID Number R45051		2. Exact name of the Corporation Connecticut & Rhode Island YMCA Partnership Inc	
3. State of Incorporation CT		5. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN GRASS ROOTS PUBLIC OUTREACH AND EDUCATION.	
4. NAICS Code 813410			
6. Principal Office Address 5 PINE KNOLL DRIVE		City CHESTER	State CT Zip 06412
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name John Benigni		Vice-President Name Jennifer Carcieri	
Street Address 110 West Main Street		Street Address 2420 Post Road	
City Meriden	State CT	City Darien	State CT
Secretary Name Matt Skaarup		Treasurer Name Sean Doherty	
Street Address 50 East Putnam Avenue		Street Address 81 South Elm Street	
City Greenwich	State CT	City Wallingford	State CT
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒			
Director Name Paul Bryant		Director Name Tim Bartlett	
Street Address 124 Indian Mountain Rd		Street Address 1240 Chapel Street	
City Lakeview	State CT	City New Haven	State CT
Director Name Jim O'Rourke		Director Name Mark Lafortune	
Street Address 136 West Main Street		Street Address 284 Church Street	
City Waterbury	State CT	City Naugatuck	State CT
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 CHRIS PALLATTO			Date 8/27/25
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

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FORM 631- Revised: 12/2023

Name	Position	Work Address	Work City-ST-Zip
Margaret Riley	Director	564 South Avenue	New Canaan, CT 06840
Mike Miller	Director	792 Valley Road	Middletown, RI 02842
Michelle Rulnick	Director	99 Union Street	Middletown, CT 06457
Greg Brisco	Director	259 Prospect Street	Torrington, CT 06790
Maureen Fitzgerald	Director	95 High Street	Westerly, RI 02891
Jeff Merhige	Director	660 Roosevelt Ave	Pawtucket, RI 02860
Steven O'Donnell	Director	371 Pine Street	Providence, RI 02903
Marie Miszewski	Director	293 Main Street	Danbury, CT 06810
Bob McDowell	Director	404 Danbury Road	Wilton, CT 06897
Shauna Lewis	Director	15 Deerfield Drive, PO Box 363	Greenville, RI 02828
Mark Pooler	Director	29 High Street	Southington, CT 06489
Shawn Patch	Director	10 Bell Street	Stamford, CT 06901
Tony Sharillo	Director	201 Spencer Plains Rd PO 694	Westbrook, CT 06498
Patrick Marchand	Director	P. O. Box 1209	Litchfield, CT 06759
Harold Sparrow	Director	50 State House Square 2nd Fl	Hartford, CT 06103
Anjali McCormick	Director	14 Allen Raymond	Westport, CT 06880
Denise Learned	Director	204 West Main Street	Chester, CT 06412