



**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: 2022

1. Corporate ID No. 001715648

2. Name of Corporation PVDPERIOD

3. State of Incorporation

State: RI

ARTICLE III

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

4. Principal Office Address

No. and Street: 28 MEMORIAL RD
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

THE MISSION OF PVDPERIOD IS TO PROVIDE FREE PERIOD PRODUCTS TO LOW INCOME WOMEN IN PROVIDENCE, RI. IT IS ALSO OUR MISSION TO EDUCATE THE PUBLIC ABOUT PERIOD POVERTY AND PERIOD EQUITY THROUGH A MONTHLY ONLINE NEWSLETTER AND SOCIAL MEDIA.

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

DIRECTOR	CARLA FERRARI IBELLE	28 MEMORIAL ROAD PROVIDENCE, RI 02906 USA
DIRECTOR	TERESA PELLEGRINI	870 PROSPECT PLACE BROOKLYN, NY 11216 USA
DIRECTOR	MALINA FERRARI IBELLE	255 DERBY ST. WEST NEWTON, MA 02465 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**

CARLA FERRARI IBELLE 28 MEMORIAL ROAD 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 15 Day of February, 2022 at 7:42:44 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 CARLA FERRARI IBELLE
Signature of Authorized Person

Form No. 631
Revised 09/07

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