

Part A - Identification of Registrant			
1. Full name of organization (exactly as it appears in your organizing document) REMEMBER THE TRIANGLE FIRE COALITION, INC.		5. Fed. employer ID no. (EIN) 45-5137219	
2. c/o Name (if applicable)		6. Organization's website WWW.REMEMBERTHETRIANGLEFIRE.ORG	
3. Mailing address (Number and street) 232 EAST 11TH STREET	Room/suite	7. Primary contact JOEL SOSINSKY	
City or town, state or country and ZIP+4 NEW YORK, NY 10003		Title SECRETARY	
4. Principal NYS address (Number and street) 100 BEERMAN STREET	Room/suite 23 D	Phone 212-227-0017	Fax 212-233-4139
City or town, state or country and ZIP+4 NEW YORK, NY 10038-1817		Email JSOSINSKY@GMAIL.COM	

Part B - Certification - Two Signatures Required			
We certify under penalties for perjury that we reviewed this Registration Statement, including all schedules and attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.			
1. President or Authorized Officer/Trustee		JOEL SOSINSKY	SECRETARY
	Signature	Printed Name	Title
			4/1/15
			Date
2. Chief Financial Officer or Treasurer		Margaret (Meg) Browne	Meg Browne Treasurer
	Signature	Printed Name	Title
			4/1/15
			Date

Part C - Fee Submitted		
If registering to solicit contributions, fee is \$25.	Check <input checked="" type="checkbox"/> if you are submitting \$25 fee to register to solicit contributions.	Submit check or money order payable to "NYS Department of Law."
If not registering to solicit contributions, no fee is owed.		

Part D - Attachments - All Documents Required	
Attach all of the following documents to this Registration Statement, even if you are claiming an exemption from registration:	
<ul style="list-style-type: none"> • Certificate of incorporation, trust agreement or other organizing document, and any amendments; and • Bylaws or other organizational rules, and any amendments; and • IRS Form 1023 or 1024 Application for Recognition of Exemption (if applicable); and • IRS tax exemption determination letter (if applicable) 	

Part E - Request for Registration Exemption	
Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
* If "Yes", complete Schedule E.	

Part F - Organization Structure

1. Incorporation / formation

a. Type of organization:

- Corporation
- Limited liability company (LLC)
- Partnership
- Sole proprietorship
- Trust
- Unincorporated association
- Other *

* If Other, describe:

b. Type of corporation if New York not-for-profit corporation

- A B C D

c. Date incorporated if a corporation or formed if other than a corporation

03, 14, 2012

d. State in which incorporated or formed

NEW YORK

2. List all chapters, branches and affiliates of your organization (attach additional sheets if necessary)

Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)
<u>N/A</u>		

3. List all officers, directors, trustees and key employees

Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	End of term (if applicable)
<u>(SEE ATTACHED)</u>			<u>/ /</u>
			<u>/ /</u>
			<u>/ /</u>
			<u>/ /</u>
			<u>/ /</u>
			<u>/ /</u>
			<u>/ /</u>
			<u>/ /</u>

4. Other Names and Registration Numbers

a. List all other names used by your organization, including any prior names

N/A

b. List all prior New York State charities registration numbers for the organization, including those from the New York State Attorney General's Charities Bureau or the New York State Department of State's Office of Charities Registration

N/A

3. List all officers, directors and key employees

Name	Title	Mailing address (number and street, room/suite city or town or country and zip+4)	End of term (if applicable)
Mary Anne Trasciatti	Chair, President, Director	660 Lincoln Boulevard Long Beach, NY 11561	
Rose Imperato	Vice Chair, Vice President Director	226 East 83 rd Street - #6 New York, NY 10028	
Joel Sosinsky	Secretary, Director	100 Beekman Street - #23D New York, NY 10038-1817	
Margaret (Meg) Browne	Treasurer, Director	77 Seventh Avenue - #5M New York, NY 10011	
Suzanne Pred Bass	Director	123 West 93 rd Street - #6F New York, NY 10025	
Kevin Baker	Director	206 West 99 th Street - #5 New York, NY 10027	
Robin Berson	Director	80 La Salle Street - #20F New York, NY 10027	
Sherry Kane	Director	80 La Salle Street - #17H New York, NY 10027	
Lois Evans	Director	314 East 84 th Street - #5 New York, NY 10028	
Daniel Levinson-Wilk	Director	Fashion Institute of Technology 227 West 27 th Street - Room B642 New York, NY 10001	

Part G - Organization Activities

1. Month the annual accounting period ends (01-12) DECEMBER 2. NTEE code A80

3. Date organization began doing each of following in New York State:
 a. conducting activity 01/01/2009
 b. maintaining assets 03/01/2013
 c. soliciting contributions (including from residents, foundations, corporations, government agencies, etc.) 01/01/2009

4. Describe the purposes of your organization

5. Has your organization or any of your officers, directors, trustees or key employees been:
 a. enjoined or otherwise prohibited by a government agency or court from soliciting contributions? Yes* No
 * If "Yes", describe:
 b. found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? Yes* No
 * If "Yes", describe:

6. Has your organization's registration or license been suspended by any government agency? Yes* No
 * If "Yes", describe:

7. Does your organization solicit or intend to solicit contributions (including from residents, foundations, corporations, government agencies, etc.) in New York State? Yes* No
 * If "Yes", describe the purposes for which contributions are or will be solicited:

8. List all fund raising professionals (FRP) that your organization has engaged for fund raising activity in NY State (attach additional sheets if necessary)

Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
<u>N/A</u>	PFR <input type="checkbox"/>		Start date: <u> / / </u>
	FRC <input type="checkbox"/>		End date: <u> / / </u>
	CCV <input type="checkbox"/>		
	PFR <input type="checkbox"/>		Start date: <u> / / </u>
	FRC <input type="checkbox"/>		End date: <u> / / </u>
	CCV <input type="checkbox"/>		
	PFR <input type="checkbox"/>		Start date: <u> / / </u>
	FRC <input type="checkbox"/>		End date: <u> / / </u>
	CCV <input type="checkbox"/>		

Part H - Federal Tax Exempt Status

1. If applicable, list the date your organization:
 a. applied for tax exempt status 09/17/2013
 b. was granted tax exempt status 06/25/2014
 c. was denied tax exempt status / /
 d. had its tax exempt status revoked / /

2. Provide Internal Revenue Code provision: 501(c)(3)