



HAND DELIVERED
Due By April 30, 2010

110585
09 FS-1

Rhode Island Ethics Commission

2009 YEARLY FINANCIAL STATEMENT

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
10 APR 29 PM 12:26

JUAN M PICHARDO
229 ATLANTIC AVENUE
PROVIDENCE RI 02907-

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Richardo JUAN M
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 229 Atlantic Ave. Providence 02907
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

State Senator - Dist. 2 [Elmwood, South Elmwood,
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)
Reservoir Triangle and
West End]
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11-2002 was appointed on _____ I was hired on _____
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

State Senate

5. List the following: NAME OF SPOUSE

JANET PICHARDO

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
JUAN M. RICHARDO	<ul style="list-style-type: none"> STATE OF RI - SENATE (the People of Dist. 2) R.I AIR (FORCE) NATIONAL GUARD QUONSET/HOLLAND ANGB N. KINGSTOWN, RI 02882 	<ul style="list-style-type: none"> 2003 to present SENATOR
JANET RICHARDO	<ul style="list-style-type: none"> Providence public school 297 Westminster St. Prov. R.I. 02907 	<ul style="list-style-type: none"> DIRECTOR OF FAMILY ENGAGEMENT CENTER

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
JUAN M. RICHARDO	OWN	147 Longfellow St. Prov. R.I. 02907
JUAN M. RICHARDO JANET RICHARDO	CO-OWN	63 Alger St. Prov. R.I. 02907

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST: N/A

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
JUAN M. RICHARDO	NATL. HISPANIC CAUCUS OF STATE LEGISLATORS 444 N. CAPITAL ST. NW WASH.	SECRETARY
"	NATL. COUNCIL OF STATE LEGISLATORS	MEMBER
"	NATL. ASSOC. OF LATINO ELECTED & APPOINTED OFFICIALS	(MEMBER)

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

N/A

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

CTE SYNERGY LLC
229 ATLANTIC AVE.
PROV. R.I 02907

→ Juan & Janet Richardo

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

N/A

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

N/A

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST (NOT AMOUNT) AND DATE ACQUIRED AND/OR DIVESTED
CTE SYNERGY LLC 229 ATLANTIC AVE. PROV. R.I. 02907	April - 2009
NAME OF REGULATING AGENCY	HOW REGULATED
State of RI	

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

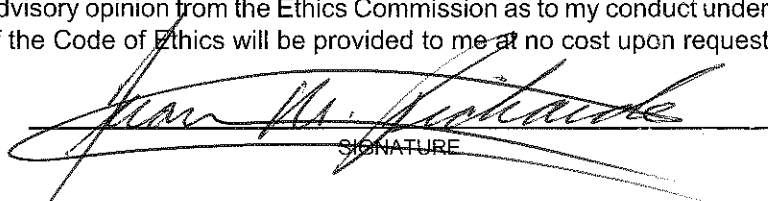
NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST DATE ACQUIRED AND/OR DIVESTED (DO NOT INCLUDE AMOUNT)	NAME OF STATE OR MUNICIPAL AGENCY
N/A		

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:


NAME AND ADDRESS OF DEBTOR	NAME AND ADDRESS OF LENDER
JUNO & JANET RICHARDO 229 ATLANTIC AVE. PROV. R.I. 02907	<ul style="list-style-type: none"> • CITIZENS BANK P.O. BOX 42002 PROV. RI • AMC MORTGAGE SERVICES SANTA ANA, CALIFORNIA 92711

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island
County of Providence


SIGNATURE

Subscribed and sworn to before me at Providence this 19th day of April 2010.

My Commission expires: 3/1/2014

 SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.



HAND DELIVERED

Due By April 29, 2011

ID#110585
10 FS-1

Rhode Island Ethics Commission

2010 YEARLY FINANCIAL STATEMENT

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
11 APR 25 PM 4:02

JUAN M PICHARDO
229 ATLANTIC AVENUE
PROVIDENCE RI 02907-

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2010 THROUGH DECEMBER 31, 2010 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2010 Yearly Financial Statement in the mail but believe you did not hold a public position in 2010 or 2011 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Richardo (LAST) JUAN (FIRST) M. (INITIAL)
NAME OF OFFICIAL

2. 229 Atlantic Ave. (STREET) Providence (CITY/TOWN) 02907 (ZIP CODE)
HOME ADDRESS

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

STATE SENATE - Leg. Dist. 2 (Elmwood, South Elmwood, Reservoir Tr., West End)
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11/2002 (date) I was appointed on _____ (date) I was hired on _____ (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2010 or 2011 (Read instruction #4)

STATE SENATE

5. List name of Spouse:

Janet Richardo

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2010. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
SELF	- CTE SYNERGY, LLC 224 ATLANTIC AVE. PROV. (MARKETING, TRAINING & CONSULTING.)	- 4/09 to Present
"	- R.I SENATE	- 2003 to Present
"	- R.I AIR (Force) NATL. Guard. Quonset Holland ANGB N. KINGSTOWN, RI 02882	- 1996 to 2010
JANET RICHARDO	- Prov. Public Schools, 797 Westminister St. DIR. OF FAMILY ENGAGEMENT CENTER	- 2003 - Present

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
JUAN M. RICHARDO	OWN	147 LONGFELLOW ST., PROV.
JUAN M. RICHARDO	CO-OWN	63 ALGER ST.
JANET RICHARDO		PROV. R.I 02907

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST: N/A

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
JUAN M. RICHARDO	NATL Hispanic Caucus OF STATE LEGISLATORS 444 N. CAPITAL ST. NW WASH. DC	- secretary
"	NATL COUNCIL OF STATE LEGISLATORS	- member
"	NATL ASSOC. OF LATINO ELECTED & APPOINTED OFFICIALS	- member

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2010 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

N/A

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

*CTE SYNERGY LLC
229 ATLANTIC AVE.
PROV. R.I. 02907*

JUAN & JANET RICHARDO

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2010 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

N/A

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

N/A

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2011 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

CTE SYNERGY LLC
229 ATLANTIC AVE.
PROV. R.I. 02907

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

APRIL - 2009

NAME OF REGULATING AGENCY

STATE OF RI

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2011 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

N/A

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

Juan & Janet Richards
229 ATLANTIC AVE.
PROV. R.I. 02907

NAME AND ADDRESS OF LENDER

CITIZENS BANK
P.O. BOX 42002 PROV. RI
AMC MORTGAGE SERVICES
SANTA ANA, CALIFORNIA 92711

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2010 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island

County of Providence

Juan P. Richards
SIGNATURE

Subscribed and sworn to before me at Providence this 25th day of April, 2011

My Commission expires: 4/2/2012

Theresa A. [Signature]
SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.



Rhode Island Ethics Commission

2011 Yearly Financial Statement

For JUAN M PICHARDO

All questions refer to the calendar year January 1, 2011 through December 31, 2011 unless otherwise specified.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2011 Yearly Financial Statement in the mail but believe you did not hold a public position in 2011 or 2012 that requires such filing, you should contact the Ethics Commission.

Personal Information

Name	Mailing Address	Home Address
JUAN M PICHARDO	229 ATLANTIC AVENUE, PROVIDENCE, RI 02907-	229 ATLANTIC AVENUE, PROVIDENCE, RI 02907-

Current Positions

Public Position(s)	Municipality, State or Regional	Date elected, appointed or hired	Date of termination or resignation
SENATORS	STATE	11-1-2002	

Elected Office Candidacies

Not Applicable.

Family Members

List name of spouse if you were married or were a party to a civil union.

Spouse Name	Filed On
Janet	04/26/2012 at 09:49PM

Family Income Sources

List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2011. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment provides you with an amount of gross income in excess of \$250 it must be listed. If this question applies to you choose, Add a Response.

Family Member Name	Self Employed ?	Business or Employer Name	Title/Occupation and Date of Employment	Address of Business	Services Rendered ?	Date & Nature of Services	Filed On
Juan	Yes	CTE Synergy LLC	Self Employed	229 Atlantic Ave., Providence, RI 02907	No	-	04/26/2012 at 09:49PM
Juan M Pichardo	No	Juan M Pichardo	State Senator	229 Atlantic Ave., Providence, RI 02907	No	-	04/26/2012 at 09:49PM
Janet	No	Providence School Dept.	Director of Family engagement Center	797 Westminster St., Providence, RI 02907	Yes	Present Employment	04/26/2012 at 09:49PM

Real Estates

List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

Family Member Name	Nature of Interest	Address OR Description	Filed On
Juan M. Pichardo	Owner	197 Longfellow St., Providence, RI 02907	04/26/2012 at 09:49PM
Juan & Janet	Co-Owners	63 Alger St., Providence, RI 02907	04/26/2012 at 09:49PM

Trust Incomes

List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

Not Applicable.

Family Executive Positions

List the name and address of any business or organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

Family Member Name	Name of Business or Organization	Position	Address of Business	Filed On
Juan M. Pichardo	National Hispanic Caucus of State of Legislators	Vice President of Policy	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	04/26/2012 at 09:49PM
Juan M. Pichardo	National Council of State Legislators	Member	444 North Capitol Street, N.W., Suite 515, Washington, DC 20001	04/26/2012 at 09:49PM
Juan M. Pichardo	National Association of Latino elected and Opointed	Member	1122 W. Washington Blvd., Third Floor, Los Angeles, CA 90015	04/26/2012 at 09:49PM
Juan M. Pichardo	Council of State Government	Member	444 North Capitol, NW, Suite 401, Washington , DC 20001	04/26/2012 at 09:49PM

Received Financial Contributions

List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2011 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded.

Not Applicable.

Last Year Business Ownership Interests

List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

Did the business listed above do business in excess of a total of \$250 in a calendar year 2011 with a state or municipal agency, and you are a member or employee of the agency or exercise direct or legislative control over the agency? If yes, enter the name of agency, the date of transaction and the nature of the transaction.

Was the business listed above a business entity subject to direct regulation by a state or municipal agency, and you are a member or employee of the agency or exercise direct or legislative control over the agency?

Not Applicable.

This Year Business Ownership Interests - Regulation

If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2012 and before the date you file this statement and if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise or legislative authority, choose Add a Response.

Family Member Name	Name of Business	Address of Business	Description of Interest, Date Acquired and/or Divested	Regulating Agency Name and How Regulated	Filed On
Juan & Janet Pichardo	CTE Synergy LLC	229 Atlantic Ave., Providence, RI 02907	LLC	Unknown	04/26/2012 at 09:49PM

This Year Business Ownership Interests - Business

If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2012 and before the date you file this statement which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, choose Add a Response. (Do Not List Amounts)

Not Applicable.

Family Debts

If you, your spouse, or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization, other than:

- (1) Any person related to you, your spouse or dependent child at any time within the third degree of consanguinity;
- (2) A financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence;
- (3) Any indebtedness arising from transactions involving credit cards;

Choose, Add a Response.

Debtor Name	Debtor Address	Lender Name	Lender Address	Filed On
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	Citizens Bank	P.O Box 42002, Providence, RI 02907	04/26/2012 at 09:49PM
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	AMC Mortgage Services	Unknown, Santa Ana , CA 92711	04/26/2012 at 09:49PM



Rhode Island Ethics Commission

2012 Yearly Financial Statement

For JUAN M PICHARDO

All questions refer to the calendar year January 1, 2012 through December 31, 2012 unless otherwise specified.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2012 Yearly Financial Statement in the mail but believe you did not hold a public position in 2012 or 2013 that requires such filing, you should contact the Ethics Commission.

Personal Information

Name	Mailing Address	Home Address
JUAN M PICHARDO	229 ATLANTIC AVENUE, PROVIDENCE, RI 02907-	229 ATLANTIC AVENUE, PROVIDENCE, RI 02907-

Current Positions

Public Position(s)	Municipality, State or Regional	Date elected, appointed or hired	Date of termination or resignation
SENATORS	STATE	11-1-2002	

Description of Voluntary Position(s):

Description of Voluntary Position(s):	Filed On
-	08/02/2013 at 01:19PM

Elected Office Candidacies

Not Applicable.

Family Members

List name of spouse if you were married or were a party to a civil union.

Spouse Name	Filed On
Janet	08/02/2013 at 01:19PM

Family Income Sources

List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2012. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment provides you with an amount of gross income in excess of \$250 it must be listed. If this question applies to you choose, Add a Response.

Family Member Name	Self Employed ?	Business or Employer Name	Title/Occupation and Date of Employment	Address of Business	Services Rendered ?	Date & Nature of Services	Filed On
Juan	Yes	CTE Synergy LLC	Self Employed	229 Atlantic Ave., Providence, RI 02907	No	-	08/02/2013 at 01:19PM
Juan M Pichardo	No	Juan M Pichardo	State Senator	229 Atlantic Ave., Providence, RI 02907	No	-	08/02/2013 at 01:19PM
Janet	No	Providence School Dept.	Director of Family engagement Center	797 Westminster St., Providence, RI 02907	Yes	Present Employment	08/02/2013 at 01:19PM

Real Estate

List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

Family Member Name	Nature of Interest	Address OR Description	Filed On
Juan M. Pichardo	Owner	197 Longfellow St., Providence, RI 02907	08/02/2013 at 01:19PM
Juan & Janet	Co-Owners	63 Alger St., Providence, RI 02907	08/02/2013 at 01:19PM

Trust Incomes

List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

Not Applicable.

Family Executive Positions

List the name and address of any business or organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

Family Member Name	Name of Business or Organization	Position	Address of Business	Filed On
Self	National Hispanic Caucus of State Legislators (NHCSL)	Vice President of Policy	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	08/02/2013 at 01:19PM
Self	National Council of State Legislators (NCSL)	Member	444 North Capitol Street, N.W., Suite 515, Washington, DC 20001	08/02/2013 at 01:19PM
Self	National Association of Latino elected and Appointed Officials (NALEO)	Member	1122 W. Washington Blvd., Third Floor, Los Angeles, CA 90015	08/02/2013 at 01:19PM
Self	Council of State Government (CSG)	Member	444 North Capitol, NW, Suite 401, Washington, DC 20001	08/02/2013 at 01:19PM
Self	Board of Hispanic Caucus Chairs (BHCC)	Member	1001 Congress Ave., Suite 100, Austin, TX 78701	08/02/2013 at 01:19PM

Out-of-State Travel

If during the filing year any person or entity provided you with out-of-state travel valued at over \$250, AND you would not have been provided with such travel but for the fact that you held a public office or position, you must list the source, value and description of the travel and related expenses below.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the \$250 limit has been reached.

EXCEPTIONS: You do NOT have to disclose out-of-state travel that is provided to you either by your regular private employer OR by the state or municipal agency of which you are a member or by which you are employed.

Family Member Name	Name of Person or Business Entity	Address of Person or Business Entity	Travel Destination and Purpose	Description of Travel Expenses	Actual Cost	Filed On
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	Providence to Washington D.C Purpose: Executive Committee Leadership Spring Meeting.	Airfare, Lodging and Food	Est. \$900	08/02/2013 at 01:19PM
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	Santa Fe - New Mexico Purpose: Annual Meeting	Airfare, Lodging and food.	Est. \$1300	08/02/2013 at 01:19PM
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	Prov. to Kentucky to Wash. DC Purpose: Meeting with Council of State Government; Winter Executive Leadership meeting in DC.	Airfare, lodging and food.	\$800	08/02/2013 at 01:19PM
Self	National Association of Latino Elected and Appointed Officials (NALEO)	1122 W. Washington Blvd., Third Floor, Los Angeles, CA 90015	Providence to Orlando, FL Purpose: 29th Annual Conf. / Roadmap for Latino College Completion.	Airfare, Lodging.	\$700	08/02/2013 at 01:19PM
Self	National Association of Latino Elected and Appointed Officials (NALEO)	1122 W. Washington Blvd., Third Floor, Los Angeles, CA 90015	Providence to Washington DC Purpose: NALEO National Policy Institute on Supporting Latino Student Success"	Travel, Lodging and food.	\$700	08/02/2013 at 01:19PM
Self	Board of Hispanics Caucus Chairs	1001 Congress Ave., Suite 100, Austin, TX 78701	Boston, MA Purpose: Annual Meeting	Lodging and Food	\$600	08/02/2013 at 01:19PM

Last Year Business Ownership Interests

List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

Did the business listed above do business in excess of a total of \$250 in a calendar year 2012 with a state or municipal agency, and you are a member or employee of the agency or exercise direct or legislative control over the agency? If yes, enter the name of agency, the date of transaction and the nature of the transaction.

Was the business listed above a business entity subject to direct regulation by a state or municipal agency, and you are a member or employee of the agency or exercise direct or legislative control over the agency?

Not Applicable.

This Year Business Ownership Interests - Regulation

If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2013 and before the date you file this statement and if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise or legislative authority, choose Add a Response.

Family Member Name	Name of Business	Address of Business	Description of Interest, Date Acquired and/or Divested	Regulating Agency Name and How Regulated	Filed On
Juan & Janet Pichardo	CTE Synergy LLC	229 Atlantic Ave., Providence, RI 02907	LLC	Unknown	08/02/2013 at 01:19PM

This Year Business Ownership Interests - Business

If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2013 and before the date you file this statement which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, choose Add a Response. (Do Not List Amounts)

Not Applicable.

Family Debts

If you, your spouse, or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization, other than:

- (1) Any person related to you, your spouse or dependent child at any time within the third degree of consanguinity;
- (2) A financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence;
- (3) Any indebtedness arising from transactions involving credit cards;

Choose, Add a Response.

Debtor Name	Debtor Address	Lender Name	Lender Address	Filed On
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	Citizens Bank	P.O Box 42002, Providence, RI 02907	08/02/2013 at 01:19PM
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	AMC Mortgage Services	Unknown, Santa Ana , CA 92711	08/02/2013 at 01:19PM

Originally filed online by JUAN M PICHARDO on 08/02/2013 at 01:19PM, under the pains and penalties of perjury.



Rhode Island Ethics Commission

2013 Yearly Financial Statement

For JUAN M PICHARDO

All questions refer to the calendar year January 1, 2013 through December 31, 2013 unless otherwise specified.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2013 Yearly Financial Statement in the mail but believe you did not hold a public position in 2013 or 2014 that requires such filing, you should contact the Ethics Commission.

Personal Information

Name	Mailing Address	Home Address
JUAN M PICHARDO	229 ATLANTIC AVENUE, PROVIDENCE, RI 02907-	229 ATLANTIC AVENUE, PROVIDENCE, RI 02907-

Current Positions

Public Position(s)	Municipality, State or Regional	Date elected, appointed or hired	Date of termination or resignation
SENATORS	STATE	11-1-2002	
LICENSING BOARD	PROVIDENCE	3-1-2013	

Description of Voluntary Position(s):

Description of Voluntary Position(s):	Filed On
-	04/25/2014 at 03:07PM

Elected Office Candidacies

Not Applicable.

Family Members

List name of spouse if you were married or were a party to a civil union.

Spouse Name	Filed On
Janet	04/25/2014 at 03:07PM

Family Income Sources

List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2013. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment provides you with an amount of gross income in excess of \$250 it must be listed. If this question applies to you choose, Add a Response.

Family Member Name	Self Employed ?	Business or Employer Name	Title/Occupation and Date of Employment	Address of Business	Services Rendered ?	Date & Nature of Services	Filed On
Juan	Yes	CTE Synergy LLC	Self Employed	229 Atlantic Ave., Providence, RI 02907	No	-	04/25/2014 at 03:07PM
Juan M Pichardo	No	Juan M Pichardo	State Senator	229 Atlantic Ave., Providence, RI 02907	No	-	04/25/2014 at 03:07PM
Janet	No	Providence School Dept.	Director of Family engagement Center	797 Westminster St., Providence, RI 02907	Yes	Present Employment	04/25/2014 at 03:07PM
Self	No	City of Providence	Commissioner of City of Providence Board of License	City of Providence : 25 Dorrance St. , Providence, RI 02903	No	-	04/25/2014 at 03:07PM

Real Estate

List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

Family Member Name	Nature of Interest	Address OR Description	Filed On
Juan M. Pichardo	Owner	197 Longfellow St., Providence, RI 02907	04/25/2014 at 03:07PM
Juan & Janet	Co-Owners	63 Alger St., Providence, RI 02907	04/25/2014 at 03:07PM

Trust Incomes

List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

Not Applicable.

Family Executive Positions

List the name and address of any business or organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

Family Member Name	Name of Business or Organization	Position	Address of Business	Filed On
Self	National Hispanic Caucus of State of Legislators (NHCSL)	Vice President of Policy	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	04/25/2014 at 03:07PM
Self	National Council of State Legislators (NCSL)	Member	444 North Capitol Street, N.W., Suite 515, Washington, DC 20001	04/25/2014 at 03:07PM
Self	National Association of Latino elected and Appointed Officials (NALEO)	Member	1122 W. Washington Blvd., Third Floor, Los Angeles, CA 90015	04/25/2014 at 03:07PM
Self	Council of State Government (CSG)	Member	444 North Capitol, NW, Suite 401, Washington, DC 20001	04/25/2014 at 03:07PM
Self	Board of Hispanic Caucus Chairs (BHCC)	Member	1001 Congress Ave., Suite 100, Austin, TX 78701	04/25/2014 at 03:07PM

Out-of-State Travel

If during the filing year any person or entity provided you with out-of-state travel valued at over \$250, AND you would not have been provided with such travel but for the fact that you held a public office or position, you must list the source, value and description of the travel and related expenses below.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the \$250 limit has been reached.

EXCEPTIONS: You do NOT have to disclose out-of-state travel that is provided to you either by your regular private employer OR by the state or municipal agency of which you are a member or by which you are employed.

Family Member Name	Name of Person or Business Entity	Address of Person or Business Entity	Travel Destination and Purpose	Description of Travel Expenses	Actual Cost	Filed On
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	NHCSL Executive Leadership meeting in Connecticut.	Lodging and Food	Est. \$400	04/25/2014 at 03:07PM
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	Orlando Florida Purpose: Annual Meeting	Airfare, Lodging and food.	Est. \$900	04/25/2014 at 03:07PM
Self	National Association of Latino Elected and Appointed Officials (NALEO)	1122 W. Washington Blvd., Third Floor, Los Angeles, CA 90015	Providence to Washington DC Purpose: NALEO National Policy Institute on Supporting Latino Student Success"	Travel, Lodging and food.	Est. \$700	04/25/2014 at 03:07PM
Self	Board of Hispanics Caucus Chairs	1001 Congress Ave., Suite 100, Austin, TX 78701	Hawaii, USA Purpose: Annual Meeting	Travel & Lodging and Food	Est. \$1,300	04/25/2014 at 03:07PM
Self	National Conference of State Legislatures	7700 East First Place, Denver, CO 80230	Denver, Colorado USA Legislative Summit on working families	Air, Lodging and Food.	Est. 800	04/25/2014 at 03:07PM

Last Year Business Ownership Interests

List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

Did the business listed above do business in excess of a total of \$250 in a calendar year 2013 with a state or municipal agency, and you are a member or employee of the agency or exercise direct or legislative control over the agency? If yes, enter the name of agency, the date of transaction and the nature of the transaction.

Was the business listed above a business entity subject to direct regulation by a state or municipal agency, and you are a member or employee of the agency or exercise direct or legislative control over the agency?

Not Applicable.

This Year Business Ownership Interests - Regulation

If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2014 and before the date you file this statement and if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise or legislative authority, choose Add a Response.

Family Member Name	Name of Business	Address of Business	Description of Interest, Date Acquired and/or Divested	Regulating Agency Name and How Regulated	Filed On
Juan & Janet Pichardo	CTE Synergy LLC	229 Atlantic Ave., Providence, RI 02907	LLC	Unknown	04/25/2014 at 03:07PM

This Year Business Ownership Interests - Business

If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2014 and before the date you file this statement which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, choose Add a Response. (Do Not List Amounts)

Not Applicable.

Family Debts

If you, your spouse, or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization, other than:

- (1) Any person related to you, your spouse or dependent child at any time within the third degree of consanguinity;
- (2) A financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence;
- (3) Any indebtedness arising from transactions involving credit cards;

Choose, Add a Response.

Debtor Name	Debtor Address	Lender Name	Lender Address	Filed On
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	Citizens Bank	P.O Box 42002, Providence, RI 02907	04/25/2014 at 03:07PM
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	AMC Mortgage Services	Unknown, Santa Ana , CA 92711	04/25/2014 at 03:07PM

Originally filed online by JUAN M PICHARDO on 04/25/2014 at 03:07PM, under the pains and penalties of perjury.



Rhode Island Ethics Commission

2014 Yearly Financial Statement

For JUAN M PICHARDO

All questions refer to the calendar year January 1, 2014 through December 31, 2014 unless otherwise specified.

Personal Information

Name	Mailing Address
JUAN M PICHARDO	229 ATLANTIC AVENUE, PROVIDENCE, RI 02907-

Current Positions

Public Position(s)	Municipality, State or Regional	Date elected, appointed or hired	Date of termination or resignation
SENATORS	STATE	11-1-2002	
LICENSING BOARD	PROVIDENCE	3-1-2013	

Description of Voluntary Position(s):

Description of Voluntary Position(s):	Filed On
-	04/24/2015 at 12:24PM

Elected Office Candidacies

Not Applicable.

Family Members

List name of spouse if you were married or were a party to a civil union during any part of 2014.

Spouse Name	Filed On
Janet	04/24/2015 at 12:24PM

Family Income Sources

Add a response for each instance in which you, your spouse or dependent child received either \$1,000 or more gross income from an employer during 2014; or \$1,000 or more gross income through self-employment. This includes instances of receiving income through public employment or from service as an elected or appointed official.

In your response you must also provide information regarding any instances in which you, your spouse or dependent child were self-employed and received \$250 or more gross income for services rendered to a state or municipal agency.

Family Member Name	Self Employed ?	Business or Employer Name	Title/Occupation and Date of Employment	Address of Business	Services Rendered ?	Date & Nature of Services	Filed On
Self	Yes	CTE Synergy LLC	Self Employed	229 Atlantic Ave., Providence, RI 02907, United States of America	No	-	04/24/2015 at 12:24PM
Juan M Pichardo	No	Juan M Pichardo	State Senator	229 Atlantic Ave., Providence, RI 02907	No	-	04/24/2015 at 12:24PM
Janet	No	Providence School Dept.	Director of Family engagement Center	797 Westminster St., Providence, RI 02907	Yes	Present Employment	04/24/2015 at 12:24PM
Self	No	City of Providence	Commissioner of City of Providence Board of License	City of Providence : 25 Dorrance St. , Providence, RI 02903	Yes	1-1-2014 Thru 12-31-2014 Commissioner of Board of License.	04/24/2015 at 12:24PM
Self	No	Walgreens Pharmacy	Customer Service Rep. / June 2014	533 Elmwood Ave., Providence, Ri 02907, United States of America	No	-	04/24/2015 at 12:24PM

Real Estate

Add a response for each instance in which you, your spouse or dependent child owned or had a financial interest in any real estate, wherever located, but other than real estate that is used exclusively as your principal residence, at any time during 2014.

Family Member Name	Nature of Interest	Address OR Description	Filed On
Juan M. Pichardo	Owner	197 Longfellow St., Providence, RI 02907	04/24/2015 at 12:24PM
Juan & Janet	Co-Owners	63 Alger St., Providence, RI 02907	04/24/2015 at 12:24PM

Trust Incomes

Add a response if you, your spouse or dependent child received more than \$1,000 in gross income as a beneficiary of any trust. (Do not list amounts.)

Not Applicable.

Family Executive Positions

Add a response if you, your spouse or dependent child held a management position or were a director, officer, partner or trustee of any business, organization or other entity (whether for-profit or non-profit).

Family Member Name	Name of Business or Organization	Position	Address of Business	Filed On
Self	National Hispanic Caucus of State of Legislators (NHCSL)	Board Member	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	04/24/2015 at 12:24PM
Self	National Council of State Legislators (NCSL)	Member	444 North Capitol Street, N.W., Suite 515, Washington, DC 20001	04/24/2015 at 12:24PM
Self	National Association of Latino elected and Appointed Officials (NALEO)	Member	1122 W. Washington Blvd., Third Floor, Los Angeles, CA 90015	04/24/2015 at 12:24PM
Self	Council of State Government (CSG)	Member	444 North Capitol, NW, Suite 401, Washington , DC 20001	04/24/2015 at 12:24PM
Self	Board of Hispanic Caucus Chairs (BHCC)	Member	1001 Congress Ave., Suite 100, Austin, TX 78701	04/24/2015 at 12:24PM

Out-of-State Travel

Add a response if during the filing year any person or entity provided you with out-of-state travel valued at over \$250, AND you would not have been provided with such travel but for the fact that you held a public office or position. Your response will include disclosure of the source, value and description of the travel and related expenses.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the \$250 limit has been reached.

EXCEPTIONS: You do NOT have to disclose out-of-state travel that is provided to you either by your regular private employer OR by the state or municipal agency of which you are a member or by which you are employed.

Family Member Name	Name of Person or Business Entity	Address of Person or Business Entity	Travel Destination and Purpose	Description of Travel Expenses	Actual Cost	Filed On
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404 , Washington, DC 20001	NHCSL /NCSL Quad Caucus meeting on Diversity Leadership training Place: Seattle, Washington 7-7 thru-10, 2014	Air Fare, Lodging and Food	Est. \$ 1,200	04/24/2015 at 12:24PM
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404 , Washington, DC 20001	San Juan, Puerto Rico Purpose: Annual Meeting 7-10-2014	Airfare, Lodging and food.	Est.\$ 1,100	04/24/2015 at 12:24PM
Self	Board of Hispanics Caucus Chairs	1001 Congress Ave., Suite 100, Austin, TX 78701	Phoenix, Arizona Purpose: Annual Meeting 12-4 thru 7, 2014	Travel & Lodging and Food	Est. \$ 1,200	04/24/2015 at 12:24PM

Last Year Business Ownership Interests

Add a response if at any point during 2014 you, your spouse or dependent child individually or collectively held a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest in any business (including holding publicly traded stock in a company).

If you add a response to this question, you will also be required to provide additional information if the business you list either (a) was subject to direct regulation by a state or municipal agency or; (b) did business in excess of a total of \$250 with a state or municipal agency.

Did the business listed above do business in excess of a total of \$250 in a calendar year 2014 with a state or municipal agency? If yes, enter the name of agency, the date of transaction and the nature of the transaction.

Was the business listed above a business entity subject to direct regulation by a state or municipal agency?

Not Applicable.

This Year Business Ownership Interests - Regulation

This question relates to business interests that were acquired or divested AFTER calendar year 2014, that are regulated by a public agency. Add a response if any business in which you, your spouse or dependent child individually or collective acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stocks) after January 1, 2015 but prior to filing this statement, IF said business was subject to direct regulation by a state or municipal agency.

Family Member Name	Name of Business	Address of Business	Description of Interest, Date Acquired and/or Divested	Regulating Agency Name and How Regulated	Filed On
Juan & Janet Pichardo	CTE Synergy LLC	229 Atlantic Ave., Providence, RI 02907	LLC	Unknown	04/24/2015 at 12:24PM

This Year Business Ownership Interests - Business

This question relates to business interests that were acquired or divested AFTER calendar year 2014, that did business with a public agency. Add a response if any business in which you, your spouse or dependent child individually or collective acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stocks) after January 1, 2015 but prior to filing this statement, IF said business had one or more business transactions with a state or municipal agency that, collectively, exceeded \$250.

Not Applicable.

Family Debts

Add a response if you, your spouse, or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity, financial institution or other organization, other than:

- (1) Any person related to you, your spouse or dependent child at any time within the third degree of consanguinity;
- (2) A financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence;
- (3) Any indebtedness arising from transactions involving credit cards

Debtor Name	Debtor Address	Lender Name	Lender Address	Filed On
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	Citizens Bank	P.O Box 42002, Providence, RI 02907	04/24/2015 at 12:24PM
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	AMC Mortgage Services	Unknown, Santa Ana , CA 92711	04/24/2015 at 12:24PM

Originally filed online by JUAN M PICHARDO on 04/24/2015 at 12:24PM, under the pains and penalties of perjury.



Rhode Island Ethics Commission

2015 Yearly Financial Statement

For JUAN M PICHARDO

All questions refer to the calendar year January 1, 2015 through December 31, 2015 unless otherwise specified.

Personal Information

Name	Mailing Address
JUAN M PICHARDO	229 ATLANTIC AVENUE, PROVIDENCE, RI 02907-

Current Positions

Public Position(s)	Municipality, State or Regional	Date elected, appointed or hired	Date of termination or resignation
SENATORS	STATE	11-1-2002	
LICENSING BOARD	PROVIDENCE	3-1-2013	

Description of Voluntary Position(s):

Description of Voluntary Position(s):	Filed On
-	05/22/2016 at 11:13AM

Elected Office Candidacies

Not Applicable.

Family Members

List full name of spouse if you were married or were a party to a civil union for any part of 2015.

Spouse Name	Filed On
Janet	05/22/2016 at 11:13AM

Family Income Sources

Add a response for each instance in which you, your spouse or dependent child received either \$1,000 or more gross income from an employer during 2015; or \$1,000 or more gross income through self-employment. This includes instances of receiving income through public employment or from service as an elected or appointed official.

In your response you must also provide information regarding any instances in which you, your spouse or dependent child were self-employed and received more than \$250 in gross income for services rendered to a state or municipal agency.

Family Member Name	Self Employed ?	Business or Employer Name	Title/Occupation and Date of Employment	Address of Business	Services Rendered ?	Date & Nature of Services	Filed On
Self	Yes	CTE Synergy LLC	Self Employed	229 Atlantic Ave., Providence, RI 02907, United States of America	No	-	05/22/2016 at 11:13AM
Juan M Pichardo	No	Juan M Pichardo	State Senator	229 Atlantic Ave., Providence, RI 02907	No	-	05/22/2016 at 11:13AM
Janet	No	Providence School Dept.	Director of Family engagement Center	797 Westminster St., Providence, RI 02907	Yes	Present Employment	05/22/2016 at 11:13AM
Self	No	City of Providence	Commissioner of City of Providence Board of License	City of Providence : 25 Dorrance St. , Providence, RI 02903	Yes	1-1-2014 Thru 12-31-2014 Commissioner of Board of License.	05/22/2016 at 11:13AM
Self	No	Walgreens Pharmacy	Customer Service Rep. / June 2014	533 Elmwood Ave., Providence, Ri 02907, United States of America	No	-	05/22/2016 at 11:13AM

Real Estate

Add a response for each instance in which you, your spouse or dependent child owned or had a financial interest in any real estate, wherever located, other than real estate that is used exclusively as your principal residence, at any time during 2015.

Family Member Name	Nature of Interest	Address OR Description	Filed On
Juan M. Pichardo	Owner	197 Longfellow St., Providence, RI 02907	05/22/2016 at 11:13AM
Juan & Janet	Co-Owners	63 Alger St., Providence, RI 02907	05/22/2016 at 11:13AM

Trust Incomes

Add a response if you, your spouse or dependent child received any income as a beneficiary of any trust. (Do not list amounts.)

Not Applicable.

Family Executive Positions

Add a response if you, your spouse or dependent child held a management position or were a director, officer, partner or trustee of any business, organization or other entity (whether for-profit or non-profit).

Family Member Name	Name of Business or Organization	Position	Address of Business	Filed On
Self	National Hispanic Caucus of State of Legislators (NHCSL)	Board Member	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	05/22/2016 at 11:13AM
Self	National Council of State Legislators (NCSL)	Member	444 North Capitol Street, N.W., Suite 515, Washington, DC 20001	05/22/2016 at 11:13AM
Self	National Association of Latino elected and Appointed Officials (NALEO)	Member	1122 W. Washington Blvd., Third Floor, Los Angeles, CA 90015	05/22/2016 at 11:13AM
Self	Council of State Government (CSG)	Member	444 North Capitol, NW, Suite 401, Washington , DC 20001	05/22/2016 at 11:13AM
Self	Board of Hispanic Caucus Chairs (BHCC)	Member	1001 Congress Ave., Suite 100, Austin, TX 78701	05/22/2016 at 11:13AM

Out-of-State Travel

Add a response if during the filing year any person or entity provided you with out-of-state travel valued at over \$250, AND you would not have been provided with such travel but for the fact that you held a public office or position. Your response will include disclosure of the source, value and description of the travel and related expenses.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the \$250 limit has been reached.

EXCEPTIONS: You do NOT have to disclose out-of-state travel that is provided to you either by your regular private employer OR by the state or municipal agency of which you are a member or by which you are employed.

Family Member Name	Name of Person or Business Entity	Address of Person or Business Entity	Travel Destination and Purpose	Description of Travel Expenses	Actual Cost	Filed On
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404 , Washington, DC 20001	NHCSL Exec. Comm. Meeting Place: Washington, DC April 22 Thru 25, 2015	Air Fare, Lodging and Food	Est. \$ 800.00	05/22/2016 at 11:13AM
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404 , Washington, DC 20001	NHCSL & NBCSL Health Summit in Manhattan, NY Purpose: Sept. 24-26, 2015 Annual Promoting Healthy Lifestyles Symposium	Airfare, Lodging and food.	Est. \$ 600.00	05/22/2016 at 11:13AM
Self	Board of Hispanics Caucus Chairs	1001 Congress Ave., Suite 100, Austin, TX 78701	Austin, Texas Purpose: Caucus Legislative Annual Meeting, Dec. 3-6 2015	Travel & Lodging and Food	Est. \$ 900.00	05/22/2016 at 11:13AM

Family Member Name	Name of Person or Business Entity	Address of Person or Business Entity	Travel Destination and Purpose	Description of Travel Expenses	Actual Cost	Filed On
Self	National Hispanic Caucus of State Legislators (NHCSL)	444 North Capitol Street, NW, Suite 404, Washington, DC 20001	NHCSL Annual Meeting in Atlanta, Georgia. Nov. 19-22, 2015	Airfare, Lodging, meals.	\$900.00	05/22/2016 at 11:13AM

Last Year Business Ownership Interests

Add a response if at any point during 2015 you, your spouse or dependent child individually or collectively held a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest in any business (including holding publicly traded stock in a company).

If you add a response to this question, you will also be required to provide additional information if the business you list either (a) was subject to direct regulation by a state or municipal agency or; (b) did business in excess of a total of \$250 with a state or municipal agency.

Did the business listed above do business in excess of a total of \$250 in a calendar year 2015 with a state or municipal agency? If yes, enter the name of agency, the date of transaction and the nature of the transaction.

Was the business listed above a business entity subject to direct regulation by a state or municipal agency?

Not Applicable.

This Year Business Ownership Interests - Regulation

This question relates to business interests that were acquired or divested AFTER calendar year 2015, that are regulated by a public agency. Add a response if any business in which you, your spouse or dependent child individually or collectively acquired or divested a 10% or greater ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stocks) after January 1, 2016 but prior to filing this statement, IF said business was subject to direct regulation by a state or municipal agency.

Family Member Name	Name of Business	Address of Business	Description of Interest, Date Acquired and/or Divested	Regulating Agency Name and How Regulated	Filed On
Juan & Janet Pichardo	CTE Synergy LLC	229 Atlantic Ave., Providence, RI 02907	LLC	Unknown	05/22/2016 at 11:13AM

This Year Business Ownership Interests - Business

This question relates to business interests that were acquired or divested AFTER calendar year 2015, that did business with a public agency. Add a response if any business in which you, your spouse or dependent child individually or collectively acquired or divested a 10% or greater ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stocks) after January 1, 2016 but prior to filing this statement, IF said business had one or more business transactions with a state or municipal agency that, collectively, exceeded \$250.

Not Applicable.

Family Debts

Add a response if you, your spouse, or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity, financial institution or other organization, other than:

- (1) Any person related to you, your spouse or dependent child at any time within the third degree of consanguinity;
- (2) A financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence;
- (3) Any indebtedness arising from transactions involving credit cards

Debtor Name	Debtor Address	Lender Name	Lender Address	Filed On
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	Citizens Bank	P.O Box 42002, Providence, RI 02907	05/22/2016 at 11:13AM
Juan M. & Janet Pichardo	229 Atlantic Ave., Providence, RI 02907	AMC Mortgage Services	Unknown, Santa Ana , CA 92711	05/22/2016 at 11:13AM

Additional Information

Add a response if you wish to voluntarily add any additional information or provide further details concerning any of your prior answers.

Not Applicable.

Originally filed online by JUAN M PICHARDO on 05/22/2016 at 11:13AM, under the pains and penalties of perjury.