



(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323-E)

File Number: **0000175516** | Submit Date: **2021-12-01** | FRN: **0021965389**
Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:
12/01/2021 | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0021965389	Rhode Island PBS Foundation

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
50 Park Lane	Providence	RI	02907	+1 (401) 222-3636	dpiccer@ripbs.org

2. Contact Representative

Name	Organization
Ari Meltzer	Wiley Rein LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1776 K Street NW	Washington	DC	20006	+1 (202) 719-7000	ameltzer@wiley.law

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:	
Purpose	Transfer of control or assignment of license/permit
"As of" date	11/08/2021 When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s) /Permittees(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

and Station(s)
/Permit(s)

Licensee/Permittee Name			FRN	
Rhode Island PBS Foundation			0021965389	

Fac. ID No.	Call Sign	City	State	Service
56092	WSBE-TV	PROVIDENCE	RI	DTV

Section II – Non-Biennial Ownership Information

1. 47 C.F.R.
Section 73.3613
Documents

Licensee/Permittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	PBS Affiliation Agreement
Parties to contract or instrument	PBS
Date of execution	07/2020
Date of expiration	06/2021
Agreement type (check all that apply)	Network Affiliation Agreement

2. Ownership
Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information		
FRN	0021965389	
Entity Name	Rhode Island PBS Foundation	
Address	PO Box	
	Street 1	50 Park Lane
	Street 2	
	City	Providence

	State ("NA" if non-U.S. address)	RI
	Zip/Postal Code	02907
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990125915	
Name	Dante Bellini	
Address	PO Box	
	Street 1	50 Park Lane
	Street 2	
	City	Providence
	State ("NA" if non-U.S. address)	RI
	Zip/Postal Code	02907
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Communications Executive	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.2%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990125922	
Name	Kas R. DeCarvalho	
Address	PO Box	

	Street 1	50 Park Lane	
	Street 2		
	City	Providence	
	State ("NA" if non-U.S. address)	RI	
	Zip/Postal Code	02907	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Attorney		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.2%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	9990125923		
Name	Elizabeth Delude-Dix		
Address	PO Box		
	Street 1	50 Park Lane	
	Street 2		
	City	Providence	
	State ("NA" if non-U.S. address)	RI	
	Zip/Postal Code	02907	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Filmmaker-Documentarian		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.2%	

	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990125924	
Name	Deborah Jacobson	
Address	PO Box	
	Street 1	50 Park Lane
	Street 2	
	City	Providence
	State ("NA" if non-U.S. address)	RI
	Zip/Postal Code	02907
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Non-profit Executive	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.2%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990125925	
Name	David Lavery	
Address	PO Box	
	Street 1	50 Park Lane
	Street 2	
	City	Providence
	State ("NA" if non-U.S. address)	RI
	Zip/Postal Code	02907
	Country (if non-U.S. address)	United States

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Marketing Consultant		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.2%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	9990125930		
Name	David W. Piccerelli		
Address	PO Box		
	Street 1	50 Park Lane	
	Street 2		
	City	Providence	
	State ("NA" if non-U.S. address)	RI	
	Zip/Postal Code	02907	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	President Rhode Island PBS		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.2%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990143146	
Name	John Palumbo	
Address	PO Box	
	Street 1	50 Park Lane

	Street 2		
	City	Providence	
	State ("NA" if non-U.S. address)	RI	
	Zip/Postal Code	02907	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Publisher		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.2%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	9990143147		
Name	Denise Parent		
Address	PO Box		
	Street 1	50 Park Lane	
	Street 2		
	City	Providence	
	State ("NA" if non-U.S. address)	RI	
	Zip/Postal Code	02907	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Nonprofit Executive and Attorney		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.2%	
	Total assets (Equity Debt Plus)	0.0%	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
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Ownership Information		
FRN	9990144647	
Name	Merrill W. Sherman	
Address	PO Box	
	Street 1	50 Park Lane
	Street 2	
	City	Providence
	State ("NA" if non-U.S. address)	RI
	Zip/Postal Code	02907
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Consulting	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.2%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	No
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Certification

Section	Question	Response
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Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: President Exact Legal Title or Name of Respondent: Rhode Island PBS Foundation Name: David Piccerelli Phone: 4012223636 12/01/2021