



# Rhode Island Ethics Commission

## 2019 Yearly Financial Statement

### For NIRVA R LAFORTUNE

All questions refer to the calendar year January 1, 2019 through December 31, 2019 unless otherwise specified.

#### Personal Information

Name	Mailing Address
NIRVA R LAFORTUNE	4 GREATON DRIVE, PROVIDENCE, RI 02906

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#### Current Positions

Public Position(s)	Municipality, State or Regional	Date elected, appointed or hired	Date of termination or resignation
COUNCIL, CITY, TOWN	PROVIDENCE	8-24-2017	

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#### Description of Voluntary Position(s):

Description of Voluntary Position(s):	Filed On
-	05/01/2020 at 03:19PM

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#### Elected Office Candidacies

Not Applicable.

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## Family Members

List full name of spouse if you were married or were a party to a civil union for any part of 2019.

Not Applicable.

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## 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 2019; or \$1,000 or more gross income through self-employment. Income received from public employment or from service as an elected or appointed official, including stipends, must be disclosed.

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 Rhode Island 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	No	Brown University	Assistant Director of Scholars Programs & Diversity Initiatives	164 Angel Street, Providence, RI 02912, USA	No	-	05/01/2020 at 03:19PM

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## 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 2019.

Family Member Name	Nature of Interest	Address OR Description	Filed On
Self	owner	6947 Forrest Ave, Philadelphia, PA 19138, USA	05/01/2020 at 03:19PM

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## 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.

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## 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	Sophia Academy	Board of Trustee Member	582 Elmwood Avenue , Providence, RI 02907	05/01/2020 at 03:19PM

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## 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	The NewDEAL (NewDeal Leaders)	Second Floor 233 Pennsylvania Ave, SE, Washington, DC 20003	NewDeal leaders annual conference and ideas summit.	Travel (flight only) and hotel	\$465.98	05/01/2020 at 03:19PM

## Last Year Business Ownership Interests

Add a response if at any point during 2019 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 Rhode Island state or municipal agency or; (b) did business in excess of a total of \$250 with a Rhode Island state or municipal agency.

Did the business listed above do business in excess of a total of \$250 in a calendar year 2019 with a Rhode Island 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 Rhode Island 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 2019, that are regulated by a Rhode Island 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, 2020 but prior to filing this statement, IF said business was subject to direct regulation by a Rhode Island state or municipal agency.

**Not Applicable.**

## This Year Business Ownership Interests - Business

This question relates to business interests that were acquired or divested AFTER calendar year 2019, that did business with a Rhode Island 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, 2020 but prior to filing this statement, IF said business had one or more business transactions with a Rhode Island state or municipal agency that, collectively, exceeded \$250.

Not Applicable.

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## 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	Lender/Creditor Name	Lender/Creditor Address	Filed On
Self	FedLoans Servicing	P.O. Box 69184 , Harrisburg, PA 17106	05/01/2020 at 03:19PM
Self	Navient	P O Box 9500 , Wilkes-Barre, PA 18773-950	05/01/2020 at 03:19PM
Self	Wells Fargo Home Mortgage	P.O. Box 10335 , Des Moines, IA 50306	05/01/2020 at 03:19PM

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## 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.

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*Originally filed online by NIRVA R LAFORTUNE on 05/01/2020 at 03:19PM, under the pains and penalties of perjury.*