# VENDOR PROFILE FORM

**Primary contact name for Supplier Diversity Program**

**Email address for primary contact**

**Business Owner’s Ethnicity**  
- ☐ African American  
- ☐ American Indian or Alaska Native  
- ☐ Asian  
- ☐ Native Hawaiian or Other Pacific Islander  
- ☐ White  
- ☐ Hispanic or Latino  
- ☐ Other ____________________

**Business Owner’s Gender**  
- ☐ Female  
- ☐ Male

**Supplier Classification**  
- ☐ MBE: Minority Business Enterprise  
- ☐ WBE: Women Business Enterprise  
- ☐ SBE: Small Business Enterprise  
- ☐ DVBE: Disabled Veteran Business Enterprise  
- ☐ VOB: Veteran Owned Business  
- ☐ DBE: Disadvantaged Business Enterprise  
- ☐ SDB: Small Disadvantaged Business  
- ☐ LGBT: Lesbian, Gay, Bisexual, Transgender-Owned Business

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**Return this form via mail or email to:**

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Supplier Diversity Program Coordinator  
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