State of	of Rhode Island and Pro Office of the Secreta		Fee: \$20.00	
	Division Of Business 148 W. River St Providence RI 0290	reet		
HOPE	(401) 222-304			
Foreign Non-Profit Annual Report Filing Period: June 1 - June 30				
In accordance with R.I.G.L. 7-6-9- report within the time prescribed b \$25.00.				
ANNUAL REPORT YEAR: 2020				
1. Corporate ID No. 001681700				
2. Name of Corporation <u>ACTION for Child Protection, Inc.</u>				
3. State of Incorporation				
State: <u>NC</u>				
based on the chosen selection. If assistance with selecting a class NAICS Code		er it into the box on the right. F	or further	
<u>624110</u>				
4. Corporate Address in Rhode				
No. and Street:450 VETERANS MEMORIAL PKW, SUITE 7ACity or Town:EAST PROVIDENCEState:RIZip:02914Country:USA				
5. Foreign Corporation. Enter I	Principal Office Address			
No. and Street: <u>8920 LAWYERS RD</u> <u>#691210</u> City or Town: CHARLOTTE State: NC Zin: 28227 Country: USA				
City or Town: <u>CHARLOTTE</u> State: <u>NC</u> Zip: <u>28227</u> Country: <u>USA</u> 6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island				
TRAINING AND CONSULTING FOR DCYF				
7. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed.				
Title	Individual Name	Address		

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	THERESA COSTELLO	2101 SARDIS ROAD N, SUITE 204 CHARLOTTE, NC 28227 USA
TREASURER	KATHY DARWIN	2101 SARDIS RD N, SUITE 204 CHARLOTTE, NC 28227 USA
SECRETARY	THERESA E COSTELLO	8920 LAWYERS RD #691210 CHARLOTTE, NC 28227 US
VICE PRESIDENT	ROBERT BUCHICCHIO	2101 SARDIS RD N, SUITE 204 CHARLOTTE, NC 28227 USA
DIRECTOR	WAYNE HOLDER	2101 SARDIS RD N, SUITE 204 CHARLOTTE, NC 28227 USA
DIRECTOR	PAM BOND	2101 SARDIS RD N, SUITE 204 CHARLOTTE, NC 28227 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of May, 2020 at 1:47:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>THERESA COSTELLO</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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