



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000571462

2. Name of Corporation Dennis E. Collins Division One Charities Ltd.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813219

4. Corporate Address in Rhode Island

No. and Street: 2 WELLINGTON AVENUE
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO RAISE FUNDS AND SOLICIT DONATIONS FOR CHARITABLE PURPOSES AND TO DISTRIBUTE THE SAME ON A REGULAR BASIS WITHIN THE LOCAL COMMUNITY AND BEYOND. FOR ANY OTHER REASON DEEMED DESIRABLE BY THE DIRECTORS CONSISTENT WITH OUR CHARITABLE MISSION. IT IS EXPLICITLY REQUIRED THAT THE CORPORATION QUALIFY FOR AND OPERATE CONSISTENT WITH IRC 501(C)(3) STATUS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	PATRICK W MCGRATH	40 MORTON AVENUE NEWPORT, RI 02840 USA
DIRECTOR	KEVIN DOYLE	52 COLONIAL AVE TIVERTON, RI 02878 USA
DIRECTOR	CHARLES BURNS	VERNON AVENUE PORTSMOUTH, RI 02871 USA
DIRECTOR	MICHAEL SAUNDERS	17 FRANCIS ST NEWPORT, RI 02840 USA
DIRECTOR	AUSTIN BEHAN	MANN AVE NEWPORT, RI 02840 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**

MARK C WOODS 2 WELLINGTON AVENUE NEWPORT , RI 02840

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

Signed this 21 Day of May, 2020 at 2:14:01 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 MICHAEL SAUNDERS
Signature of Authorized Person

Form No. 631
Revised 09/07