



Annual Report for the year: 2021
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAY 14 A 9:19

1. Entity ID Number 001662512		2. Exact name of the Corporation Simply Motivated Deorganized Moving			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide Personal and Professional development			
4. NAICS Code 813410					
6. Principal Office Address 134 Briggs Street			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Taritha Hill-Cooper			Vice-President Name		
Street Address 134 Briggs Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elaine Matos			Director Name DARREN MOORE		
Street Address 164 West Ave			Street Address 6 Dwight Street		
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02906
Director Name Victoria Hill			Director Name TINA ROBYN JENKINS		
Street Address 291 Patchen Ave			Street Address 1326 Crystal Skye Court		
City Brooklyn	State N.Y.	Zip 11233	City Burlington	State N.C.	Zip 27215
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Taritha Hill-Cooper					Date 5/13/2021
Signature of Officer/Authorized Representative					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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