



Annual Report for the year: 2020  
 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 <b>DD1662512</b>		2. Exact name of the Corporation <b>Simply motivated organized moving</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To provide Personal and Professional development.</b>			
4. NAICS Code <b>813410</b>					
6. Principal Office Address <b>134 Briggs Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>TARITHA Hill-Cooper</b>			Vice-President Name		
Street Address <b>134 Briggs Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Flaine Matos</b>			Director Name <b>DARREN MOORE</b>		
Street Address <b>164 West Ave</b>			Street Address <b>6 Dwight Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>Victoria Hill</b>			Director Name <b>TINA ROBYN JENKINS</b>		
Street Address <b>291 Patchen Ave</b>			Street Address <b>1326 Crystal Skye Court</b>		
City <b>BROOKLYN</b>	State <b>N.Y.</b>	Zip <b>11233</b>	City <b>Burlington</b>	State <b>N.C.</b>	Zip <b>27215</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Tarisha Hill-Cooper</b>					Date <b>5/13/2021</b>
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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