



Annual Report for the year: 2019  
 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>001662512</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>Tarisha 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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Elaine 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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Tarisha Hill-Cooper</b>					Date <b>5/13/2021</b>
Signature of Officer/Authorized Representative					

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

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