



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 *

* 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.

1. Corporate ID No. 51104	2. Name of Corporation COFFEE KIDS, INC.		
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 207 WICKENDEN STREET	City PROVIDENCE	Zip 02903-
5. Foreign corporation: Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island IMPROVE LIVES OF FAMILIES IN COFFEE GROWING REGIONS.			

President Name Rick Peyser			Vice President Name Rob Stephens		
Street Address 33 Coffee Lane			Street Address 430 Franklin Village Drive #144		
City Waterbury	State VT	Zip 05676-1529	City Franklin	State MA	Zip 02038
Secretary Name Susan Wood			Treasurer Name Romona M. Blaber		
Street Address 207 Wickenden Street			Street Address 31 Camino Costadino		
City Providence	State RI	Zip 02903	City Santa Fe	State NM	Zip 87508-9141

Director Name David Abedon			Director Name Mona Blaber		
Street Address 20 Ann mary Brown Drive			Street Address 31 Camino Costadino		
City Warwick	State RI	Zip 02888	City Santa Fe	State NM	Zip 87508-9141
Director Name William J. Allen			Director Name Cate Baril		
Street Address 710 Nate Whipple Highway			Street Address 579 Rankin Road		
City Cumberland	State RI	Zip 02864-3353	City North Fayston	State VT	Zip 05660

9. REGISTERED AGENT - RHODE ISLAND		10. FILING OF FORMS - R.I.G.L. 7-6-13 & 7-6-78	
Agent Name John A. Glasson, Esq.		Address	
Address One Ship Street		City Providence	
		Zip 02903	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

Ramona M. Blaber 9/21/07
Signature of Officer Date
Ramona M. Blaber
Print or Type Name of Officer
Treasurer
Title of Officer

51104 DNP 07/10/07 10:00:20 AM

File Date

NOV 21 2007

Check No.

By 6404 10034

By

FOR SECRETARY OF STATE USE ONLY

ADDITIONAL DIRECTORS

Mike Lawrence
19 Coachman Lane
Natick, MA 01760

Kathleen O'Sullivan
35 Washington Square North, Unit 3
Salem, MA 01970

FILED
NOV 21 2007
By 51104
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